



DIVISION OF HUMAN RESOURCES
COMPENSATION UNIT

Verification of Experience Form Certified Professional

Please send the completed form back to the **employee** at the address/fax number provided in the box **below**. Employee then sends forms back as a complete packet to DeKalb Schools Human Resources. Employee, please allow up to two (2) pay periods for any salary adjustments to be updated upon receipt of additional related experience.

Employee should complete the section below and send to previous employer(s).

Employee's Name: (Last, First, Middle, Maiden)	Social Security Number:	Employee ID: (if applicable)
Employee's Address/Fax to Return Form:		
DeKalb County Position:	Work Location:	
Employee's Signature:	Today's Date:	

******EFFECTIVE JANUARY 1, 2013******

For experience to be considered for current year salary placement, this form MUST be received in Human Resources within 60 Days of initial hire date. If no previous experience is documented, initial salary is Step 01.

TO BE COMPLETED BY AUTHORIZED OFFICIAL

Employees should not complete any portion of the information below.

School / School District: _____ State: _____

Accreditation Agency (Required for Consideration of Experience): _____

Start Date: MM/DD/YYYY	End Date: MM/DD/YYYY	Days Scheduled to Work:	Number of Days Worked:	Part (PT) or Full (FT) Time?	Position/Job Title:	Teaching Certificate Yes / No	Performance Evaluation (Satisfactory/ Unsatisfactory)

Did the employee earn advanced steps on the State Salary Schedule? If so, how many?

_____ (yes / no) _____ # of Steps

Did the employee attain tenure status by the close of employment?

_____ (yes / no)

Signature of Authorized Official

Date

Print Name and Title of Authorized Official

Telephone

SICK LEAVE TRANSFER

For GA Public Schools Only. As of _____ (Date) _____ days of unused accumulated sick leave are herewith transferred, in accordance with O.C.G.A. 20-2-850, for inclusion in the permanent personnel record of the above named employee.

****PLEASE RETURN COMPLETED FORM TO EMPLOYEE AT THE ADDRESS/FAX NUMBER PROVIDED ABOVE****