CHEROKEE COUNTY SCHOOLS CERTIFIED VERIFICATION OF EXPERIENCE LISTING

By signature, I acknowledge that it is my responsibility to obtain correct employment verification(s) from my previous employer(s) for experience credit to be granted for final salary placement. Cherokee County School District (CCSD) will not process experience credit until employee submits ALL verification forms as a **complete** packet to the Human .Resources (HR) Office.

| | Signature | | Date | | | | |
|-------------------|---------------|-------------------------|------|--|--|--|--|
| | | | | | | | |
| EMPLOYEE NAME | | CERTIFICATE ID # | | | | | |
| Position/Title | | CERTIFICATE LEVEL | | | | | |
| SCHOOL/DEPARTMENT | | LAST 4 DIGITS OF SOCIAL | | | | | |
| EMAIL ADDRESS | | | | | | | |
| | | | | | | | |

- Page 1 to be completed by the employee; please list all previous Verification of Employment (VOE) forms from districts/employers that will be submitted for evaluation and processing.
- Page 2 the top portion is completed by the employee and submitted to **each** previous employer. Be sure to send a separate page 2 to **each** previous employer for their completion.
- Submit this completed form along with all completed VOE forms from previous employers to the HR Office personally, by CCSD mail or by U.S. mail to PO Box 769, Canton, GA 30169.

| Company/District | Dates of Employment | Years of Experience |
|------------------|---------------------|---------------------|
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| HUMAN RESOURCES OFFICE USE ONLY | | | | | | |
|---------------------------------|-------------------------------|--|--|--|--|--|
| Effective Date: | CCSD Previous Experience | | | | | |
| Final Scale/Step | Verified Experience Presented | | | | | |
| NOTES: | | | | | | |

CERTIFIED EDUCATIONAL EXPERIENCE VERIFICATION FORM FOR TEACHING/SERVICE/LEADERSHIP

| Employee's Name | | | | | S | treet Addres | ss | | | | | | |
|--|--|------------------------------|---------------------------|---------------------------|--|------------------------------------|----------------------|-------------------|------------------|--|-------------------|---|---------------------------------------|
| Social Security Number | | | | | С | ity, State | | | | | | | |
| Date of Birth | | | | | | ip Code | | | | | | | |
| AUTHORIZATION IS GRA | NTED TO RELEASE A | LL INFORM | IATION RE | QUESTE | D BELOW 1 | го тне Сн | EROKE | E Cou | JNTY SC | HOOL SYSTEM. | | | |
| | | | | | | | | | | | | | |
| Employee E-mail Address | | | | | Si | gnature | | | | | D | Date | |
| Employee: Please | complete the above | e informa | ation ONL | Y and s | end this f | form to yo | ur pre | vious | employ | er for verification | of the fol | lowing info | rmation: |
| Ei Return completed form | mployer: Use one to the employee. | | | | | | | | | | | | |
| This District/Institution i | s private □public □ a | and was full | y accredite | d during (| dates of ser | rvice by the | | | artment o | of Education and/or _ | | | |
| Did Employee receive a If yes, indicate school y | an unsatisfactory, ineff rear(s) and rating(s): _ | ective, or n | eeds devel | opment a | nnual sumn | native perfo | State rmance | e evalu | ation for | any year since July 1 (If additional spac | , 2000? 🔲ነ | | |
| | | | Dates of | Service | Number | Number | Sta | itus | | | | Certification | Eligible |
| School District | or Institution | State | From M/D/Y | To M/D/Y | of Days in Full Contract Year | of Contract Days Employed | Full time | Part time | Hours per day | Position | Grade/ Subject | held at time of service (Yes/No) | for Immediate Re- employment (Yes/No) |
| | | | | | | | | | | | | | |
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| | | | | GEO | RGIA SCHO | OL SYSTEM | S ONL | 1 | | | | | |
| days of unumers The employee namers final year of employ | accurate record of unuse used accumulated sick leded above was advanced rement experience granted from | ave are here | with transferr One Two | ed for inclosed step(s) o | usion in the p in the State S | permanent pe Salary Sched | ersonnel ule. Sal | record ary Ste | of the abo | ve named employee. | | | erience |
| State Health InsuraIf this verification in | nce – The employee named library cludes any pre-school teapain tenure status? | ned above wa aching exper | as enrolled fo | or 🔲Non | e Single | e | coveraç | | r the follov | _ ving option: | A □Silver I | HRA □Bronz | e HRA |
| certify that all information liste | d above is complete and | correct acco | rding to the o | official reco | ords on file in | the school s | ystem o | r institu | tion provid | ing this verification of er | mployment. | | |
| Signature of Superintendent or Auth | norized Official | Title | | | Str | reet Address | | | | City | | State | Zip |
| Date | | | | | Are | ea Code and Tele | phone Nu | mber | | | | | |