

**CHEROKEE COUNTY SCHOOLS**  
**CLASSIFIED/NON-TEACHING 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

TO BE COMPLETED BY EMPLOYEE		
<b>EMPLOYEE NAME</b>		<b>CERTIFICATE/LICENSE # (IF APPLICABLE)</b>
<b>POSITION/TITLE</b>		
<b>SCHOOL/DEPARTMENT</b>		<b>LAST 4 DIGITS OF SOCIAL</b>
<b>EMAIL ADDRESS</b>		

- 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

HUMAN RESOURCES USE ONLY	
Effective Date: _____	CCSD Previous Experience _____
Final Scale/Step _____	Verified Experience Presented _____
NOTES:	

# Cherokee County School District

Human Resources Office  
 P.O. Box 769  
 Canton, Georgia 30169

## Classified/Non-Teaching Verification of Work Experience

Employee should complete this section and submit to previous employer(s)

Name		Social Security Number	
Address		City	State Zip
<b>AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO THE CHEROKEE COUNTY SCHOOL SYSTEM.</b>			
Signature		Date	

## TO BE COMPLETED BY AUTHORIZED OFFICIAL OF FORMER EMPLOYER

Employee should not complete any portion of the below information

COMPANY/EMPLOYER NAME: \_\_\_\_\_ (phone)

ADDRESS: \_\_\_\_\_ (address) (city) (state) (zip)

**Employer: Use one line for each change in status. Please complete EACH section for experience to be considered.**

Dates of Service (mm/dd/yy)		Hours per day	Hours per week	Employment Status		Job Title	Major Job Tasks/Responsibilities
From	To			Full time	Part time		

Accumulated unused sick leave in a Georgia Public School System: \_\_\_\_\_  days  hours

\_\_\_\_\_  
 (signature of authorized official) (date)

\_\_\_\_\_  
 (print name and title of authorized official) (phone)

**Return completed form to the employee. Employee compiles and sends all verification forms to Cherokee County Schools, Human Resources Office.**