

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	
AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO THE ROCKDALE COUNTY PUBLIC SCHOOLS.			
_____ <i>Signature</i>		_____ <i>Date</i>	

Employee: Please complete the above information ONLY and send this form to your previous employer for verification of the following information:

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

- This District/Institution is private public and was fully accredited during dates of service by the _____ Department of Education and/or _____.
State *Name of Regional Accrediting Agency*
- Did Employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year since July 1, 2000? Yes No
If yes, indicate school year(s) and rating(s): _____ *(If additional space is needed, please use back of form.)*

School District or Institution	State	Dates of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	Status		Hours per day	Position	Grade/Subject	Certification held at time of service (Yes/No)	Eligible for Immediate Re-employment (Yes/No)
		From M/D/Y	To M/D/Y			Full time	Part time					

GEORGIA SCHOOL SYSTEMS ONLY

<ul style="list-style-type: none"> • The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850. _____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee. • Date of last paycheck for employee _____ Date of last health benefits deduction _____ • State Health Insurance – The employee named above was enrolled for <input type="checkbox"/>None <input type="checkbox"/>Single <input type="checkbox"/>Family coverage under the following option: <input type="checkbox"/>Gold HRA <input type="checkbox"/>Silver HRA <input type="checkbox"/>Bronze HRA • <input type="checkbox"/>HMO Carrier: _____ <input type="checkbox"/>HDHP <input type="checkbox"/>Employee <input type="checkbox"/>Spouse <input type="checkbox"/>Child • Did this employee gain tenure status? <input type="checkbox"/>Yes <input type="checkbox"/>No
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I certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Signature of Superintendent or Authorized Official *Title*

Street Address *City* *State* *Zip*

Date

Area Code and Telephone Number

Official Seal of School District: