



# CLASSIFIED STAFF - Verification of Classified / Non-Teaching / Private Industry Work Experience

Gwinnett County Public Schools - Human Resources - Compensation 437 Old Peachtree Road, NW Suwanee, GA 30024 *compensation@gcpsk12.org* Fax: (678)442-5258

**Part A: To be completed by applicant and sent to previous employer.** In order for experience credit to be granted for the current school year, the Verification of Classified / Non-Teaching / Private Industry Work Experience form must be received no later than the last working day of the current fiscal/school year.

By signing below, I authorize my former employer to complete this form and return it to the GCPS address / email / fax number listed above.

**If signing electronically:** I understand that entering my name in the Signature field below and checking this box constitutes a valid signature (required).

Name - Last, First, MI (Maiden):		Signature:		Date:
Position with GCPS:	GCPS Work Location:	Employee ID (if known):	Social Security Number:	

**Part B: To be completed by an authorized Human Resources official currently employed with the organization.** Please complete the following information and return this form to the address/email/fax number listed above. This information will be used to determine experience credit for salary purposes. Your assistance in establishing an accurate service record for this employee is appreciated.

Organization Name: _____	Was this a paid position?	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			
Address: _____	For driving / delivery positions:	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			
City, State and ZIP: _____	Was a CDL License required?	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			

Dates of Service (MM/DD/YY)		Hours Per Week	Position Title	Description of Primary Duties & Responsibilities
From	To			

For GA Public Schools only: As of \_\_\_\_\_ (Date) \_\_\_\_\_ days of unused accumulated sick leave (maximum of 45 days) 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. Sick leave can only be accepted if the transfer occurs within one year of the employee leaving a GA public school system.

I certify that all information listed above is complete and correct according to the official records of the school system or institution providing this verification of experience.

Signature of Authorized Human Resources Official

Printed Name of Authorized Human Resources Official

If signing electronically: I understand that entering my name below and checking this box constitutes a valid signature (required).

Date

Title of Authorized Human Resources Official

Business Email

Business Phone Number