



CERTIFIED STAFF - Verification of Certified Work Experience

Clayton County Public Schools – Division of Business Services – Compensation Department | 1098 Fifth Avenue, Jonesboro, GA 30236 ccpsvoe@clayton.k12.ga.us

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 Certified 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 CCPS address/email listed above.

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

Part B: To be completed by an authorized Human Resources official currently employed with the school district/school. Please complete the following information and **return this form to the address/email listed above.** This information will be used to determine experience credit for salary purposes. For experience to be considered for current year salary purposes, this form **MUST** be received in the Compensation Department **no later than 60 days from the date of hire.** Email copies to ccpsvoe@clayton.k12.ga.us

School/School District: _____ State: _____ Accrediting Agency: _____

Please Check: _____ Public School _____ Private School _____ Other: _____

Former CCPS employee? _____ Yes _____ No
 Was a certificate/license required for this position? _____ Yes _____ No
 Was a contract required for this position? _____ Yes _____ No
 Was the employee under contract? _____ Yes _____ No
 Did the employee have tenure in your system? _____ Yes _____ No

For Pre-K teachers only:

Was the Pre-K program state-funded? (*Head Start, etc.*)

Yes	No

For college/university:

How many hours per quarter/semester did employee teach? _____

Dates of Service (MM/DD/YY)		Number of Days Worked	Part-Time or Full-Time	Position/Title Held	Teaching Certificate Yes/No	GA Public Schools Only: Type and Level of Certificate Held
From	To					

Did employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year of employment? _____ Yes _____ No

If yes, please indicate school year(s) and rating(s): _____

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 Official: _____

Date: _____

Printed Name/Title: _____

Phone Number: _____