Jeff Davis County School System

Mr. Chris Roppe Superintendent of Schools (912) 375-6700 Phone (912) 375-6703 Fax

Request for Verification of Previous Professional Employment

School System or Institution Mailing Address City State Zip Code the Jeff Davis County School System has employed the individual whose name appears below. In order to establish salar accement, it is necessary to verify previous professional employment. The following page provides the form for the inforceded for salary purposes and for other employee benefits. Thank you for this service to your former employee. This section provides information about the employee when they were employed in your system. First Name Middle Last Name Name when employed, if different from above Social Security Number Dates of employment with system listed above Position when employed in the system listed above the provided in the system of this page to release all information requested on the deep of this form to the Jeff Davis County School System.	0:	System Contact Person or Department School System or Institution						
City State Zip Code e Jeff Davis County School System has employed the individual whose name appears below. In order to establish salar scement, it is necessary to verify previous professional employment. The following page provides the form for the infoeded for salary purposes and for other employee benefits. Thank you for this service to your former employee. This section provides information about the employee when they were employed in your system. First Name Middle Last Name Name when employed, if different from above Social Security Number Dates of employment with system listed above School/Department where employed Position when employed in the system listed above ereby authorize the school system or institution listed at the tope of this page to release all information requested on the e of this form to the Jeff Davis County School System.								
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le of this form to the Jeff Davis County School System.		Position when employed in the syst	tem listed above					
				page to release all inform	mation requested on the			
Employee Signature Date	 Employ	ee Signature	 Date					

Human Resources Department
Jeff Davis County Board of Education
P.O. Box 1780
Hazlehurst, Georgia 31539
912-375-6703 - Fax

Jeff Davis County Board of Education

A. _	Employee's Name			Social Security Number				Date of Birth				
3.]	Го be	compl	eted by the s	chool system.	Name of verif	ving schoo	ving school system:					
I e	nclude arned	e experi in a pri	ence with above	ve named system ease attach a bries	only. Use more t	han one line	e if there was	a break i	n service. F	For experien	ce ls of	
Dis or N	nool strict Vame of nool	State	Beginning Date of Employment	Ending Date of Employment	School Accreditation Institution when employed	Days in Full Contract	Contract Days Employed	Status FT/PT	Position	Grades & subjects taught major portion of time	Profession Certification Yes/No & Type	
				years priculations upon em						e with Georg	gia	
). T	Гotal у	ears of	experience ver	ified above (B an	d C)	Years_	N	Ionths		Days		
i. 1	Геасhi	ing certi	ficate type	(Attach	a copy)							
·. 7	Γeache	er Retire	ement Number	(if known)		Accumulate	ed sick leave	eligible f	for transfer_		days.	
J.	State 1	Health I	Benefit Plan Ins	surance coverage:	() No covera	nge ()Co	verage Opt	ion	_ Tier	_		
Н. П	Oid thi	is emplo	yee have tenui	e in your system?	·							
				d" on the Georgia ary step ()							l year,	
. V	When when the second se	will this insuran	employee rece ce deduction:	eive his last pay fi □Yes □No If	rom this system? no, please expla	in:	. W	ill/did thi	s check inc	lude the fin	al 	
	-			nd the verificati	-	_	ence listed a	bove are	complete	and accura	nte	
.CCO	rding	to the	official record	ls on file in this	school system.							
				itution								
Mail	ing A	ddress			Ctata		Phor	ie Numb	er			
∠ity_					State		Zıp C	.oue				
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upe	rinter	ndent o	r Authorized	Official					Date			