



# Baldwin County Board of Education

## Human Resources Department

110 N. ABC STREET • MILLEDGEVILLE, GEORGIA 31061  
 PHONE (478) 457-2979 FAX (478) 457-3360

### Employee Experience Verification Form

<b>Employee Last Name</b>	<b>Employee First Name</b>	<b>Date of Birth</b>	<b>SSN:</b>

**Street Address, City, State, Zip Code**

**This below must be completed by previous employer(s) and signed by HR or Superintendent**

Verifying Institution	From MM/DD/YY	To MM/DD/YY	Total days per year	Hours per day	Position

**The above listed institution was fully accredited by the below accrediting agency/agencies:**

**Questions to be completed by Georgia employers only.**

Placement on Georgia Salary Schedule for last year in your system	<b>STEP</b>	<b>Years:</b>
Did employee have tenure in your system	<b>Yes</b>	<b>No</b>
This is to certify that the following is an accurate record of unused accumulated sick leave credited to the former employee named above as of today's date:	<b>Date</b>	<b>Sick Leave:</b>
State Health Benefit Plan coverage enrollment:	<b>Yes</b>	<b>No</b>

*I certify that the information and the verification of professional experience listed above are complete and accurate according to the official recorders on file in this school system.*

<b>Preparer's First Name:</b>	<b>Preparer's Last Name:</b>
<b>Title:</b>	<b>Telephone Number:</b>
<b>Signature:</b>	<b>Date:</b>