

## Verification of Certified Experience Form Instructions

Prior work experience for all Atlanta Public Schools (APS) employees must be verified in writing and evaluated in order for creditable experience to be awarded. It is the responsibility of the employee to provide verification of experience forms to their former employers for completion, collect completed verification of experience forms from all previous employers and submit all documents in one verification packet to Atlanta Public Schools, HR: Compensation Department for evaluation and processing.

All employees will be paid the entry level salary (Step 0 or minimum) on the appropriate salary schedule until the verification packet is received and evaluated by the Compensation Department. Creditable experience may be awarded if the prior service duties are equivalent and/or relevant to the employee's APS position. All determinations regarding experience will be made by the Compensation Department.

### Verification Process

1. Complete Part I of the Verification of Experience form with your name, address, etc. Your signature authorizes your former employer to provide your information.
2. Send the completed Verification of Experience form to each of your previous employers. The HR department of your previous employers should complete Part II and Part III (if applicable) of the Verification of Experience form and return the completed form to you based on the name and address provided in Part I.
3. As you receive the forms from the HR department of your previous employers, update the Verification Cover Sheet, clearly documenting all of the verification forms that will be included in the packet. **Do not enter any information in the comments section.**
4. Combine all the original verification forms into one packet for submission to Atlanta Public Schools, HR: Compensation Department. *Note: These forms will not be returned. Making copies for your records is recommended.*
5. Mail, hand deliver, or email the complete packet in one sealed envelope or email submission to the address below. Before sealing the envelope or sending the email, ensure the packet contains a completed Verification Cover Sheet, all signed and completed Verification of Experience forms and any additional documentation that is necessary.

Atlanta Public Schools  
Attn: HR: Compensation Department  
130 Trinity Avenue SW  
Atlanta, GA 30303-3626

Email to:  
Compensation@atlanta.k12.ga.us  
Subject:  
Verification of Experience

6. The Compensation Department will receive and review the verification packet, evaluate the documents submitted, process the salary adjustment (if applicable), and calculate the retroactive payment (if applicable). Once the forms have been reviewed and processed, employees will receive an email update with details.
7. Employees who have worked in another Georgia school system may transfer up to 45 days of sick leave. The previous employer must complete Part III on the Verification Form for the transfer to take place.

*Each employee should submit only one verification packet with all their verification documentation. Any experience verification forms that are inadvertently excluded from the submitted verification packet must be received in the Compensation Department no later than April 30<sup>th</sup> in order to receive credit/compensation for the current school year. Retroactive salary will not be given for previous experience submitted to the Compensation Department after the end of the current school year.*

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**Please use the procedures below to verify past employment for any companies that are no longer in operation, companies that no longer have prior employment records or if you were self-employed.**

1. Submit a notarized letter to the Compensation Department stating the information regarding your prior employment. The letter should include the name and address of the company, the position held, dates of employment, employment status (full-time or part-time), number of days worked per week, number of hours worked per day, salary received, and specific duties performed while on the job. The letter should also contain the name and contact information of the former supervisor.
2. Along with the notarized letter, the employee should provide W-2 forms, tax returns, and/or check stubs that would assist in verifying the employment information.
3. After receiving these documents, the Compensation Department will determine whether the information provided supports awarding credit for this prior experience.
4. If a previous employer uses the Work Number, it is the employee's responsibility to obtain these records.

**Note:** The following resources may be considered when obtaining supporting documents (i.e. W-2 forms or check stubs). IRS transcripts going back 10 years can be obtained online at [IRS.gov](https://www.irs.gov) at no cost. IRS tax returns can be requested using [IRS Form 4506](#) for a fee. Social Security Administration Itemized Statement of Earnings which includes the names of employers can be obtained for a fee ([SSA-Form 7050](#)).

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### **Military Experience**

- Military service credit may be awarded for active duty service in the Armed Forces of the United States. Service in the Reserves shall not be counted unless the individual is called to active duty.
- Certified employees may receive a maximum of three years military service credit unless the military service is equivalent to the position held at APS.
- A DD214 must be submitted to the Compensation Department for review.

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**In order to receive a year of experience an employee must work the following number of days in a year to receive credit.**

<u>Employee Work Schedule</u>	<u>Number of Days Worked</u>
201, 202, 211	120
231	139
Annual	152

**Certified – Verification of Work Experience** *(Please use this form to verify any certified experience.)*

**PLEASE RETURN THE ORIGINAL COMPLETED FORM TO THE REQUESTING EMPLOYEE AT THE ADDRESS PROVIDED BELOW**

**Part I: TO BE COMPLETED BY EMPLOYEE:** In order for experience credit to be granted for the current school year, verification must be submitted no later than April 30th. Retroactive salary will not be given for previous school years. If you are resigning, all verifications must be received before the resignation date.

Employee's Name \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

By signing below, I hereby authorize my former employer to complete this form and release all information requested. I also understand that it is my responsibility to obtain correct and completed employment verification forms from my previous employers.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: TO BE COMPLETED BY THE HR DEPARTMENT OF YOUR PREVIOUS EMPLOYER:** The individual whose name appears above in Part I has been employed by Atlanta Public Schools. In order to establish correct salary placement, it is necessary to verify previous employment. Your assistance in establishing a correct service record for this employee is appreciated.

School District/Institution: \_\_\_\_\_ State: \_\_\_\_\_

Name of Accrediting Agency *(Required for Experience Credit)*: \_\_\_\_\_

Did the employee receive an Unsatisfactory, Ineffective or Needs Development annual summative performance evaluation?  Yes  No

If YES, please indicate which school year(s) and what rating(s): \_\_\_\_\_

*NOTE: Use one line for each academic year or change in status. Do not include leave of absence periods.*

Position Held	Dates of Service (MM/DD/YY)		Days in Contract (# days expected to work)	Number of Days Worked	Full-time or Part-time	Hours Per Week	Certification Held at Time of Service Yes/No
	From	To					

*I certify that all the 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: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Part III: TO BE COMPLETED BY GEORGIA SCHOOL SYSTEMS ONLY – HR or Payroll**

As of \_\_\_\_\_ (Date) \_\_\_\_\_ days of unused accumulated sick leave are herewith transferred, in accordance with O.C.G.A. Section 20-2 850, for inclusion in the permanent personal record of the above-named employee. No more than 45 days will be accepted.

Did Employee Gain Tenure Status?  Yes  No



# Verification Cover Sheet

Employee Name:			
Email Address:			
Telephone No.:		Employee No.:	

Please list below all of the previous employers that are included in this packet

<i>Company/District</i>	<i>Dates of Employment</i>	<i>Years of Experience</i>	<i>Comments (for Comp. Dept. use only)</i>

**TO BE COMPLETED BY THE COMPENSATION DEPARTMENT**

Effective Date of Change: \_\_\_\_\_

APS Seniority: \_\_\_\_\_

Prior Years: \_\_\_\_\_

Total Years/Step: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ Prorated Salary \$ \_\_\_\_\_ Lawson Entry (PayRate) \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

**Compensation Service Years Verified**

- \_\_\_\_\_ Administrative Years
- \_\_\_\_\_ Teaching Years
- \_\_\_\_\_ Non-Teaching Professional Years
- \_\_\_\_\_ Support Years
- \_\_\_\_\_ Military Service Years
- \_\_\_\_\_ Salary Creditable Years