

Experience Verification Form Instructions

Effective February 9, 2009, prior work experience for all Cobb County District employees must be verified in writing in order to receive step credit for the experience.

All employees will be placed on Step 1 of the appropriate salary schedules until the completed Experience Verification form(s) are received and evaluated by the Human Resources Compensation Office.

PLEASE NOTE

New Hires/Rehires

Questions regarding your step/salary placement must be addressed within 90 calendar days from your Date of Hire in order to be considered for any correction to your step/salary to be effective on your Date of Hire. Corrections made based on requests received after 90 calendar days from your Date of Hire will be effective on the date the request was received. You will have 90 calendar days from your Date of Hire or from the date of the request to provide verification documents. Any future requests for a review of your step/salary placement made after your Date of Hire must be received in writing from your manager/supervisor.

Transfers, Reassignments, Promotions

Questions regarding your step/salary placement must be addressed within 90 calendar days from the effective date of your new position in order to be considered for any correction to your step/salary to be effective on the date you moved into the new position. Corrections made based on requests received after 90 calendar days from the date you moved into the new position will be effective on the date the request was received. You will have 90 calendar days from the date of the request to provide verification documents. Any requests for a review of your step/salary placement made after the effective date of your new position must be received in writing from your manager/supervisor.

Please mail/e-mail the Experience Verification form to the appropriate employer(s). Instructions for completion are listed below:

1. You will need to send a separate form to each previous employer you wish to submit for possible credit experience. If it is not possible to have your experience verified by a previous employer or you were self-employed, please see information below regarding the procedure to request credit experience.
2. The employee must complete the top of the form.
3. Send to your previous employer(s).
4. Your previous employer(s) should complete the form and **return it to CCSD Human Resources Compensation Department at compdept@cobbk12.org**.

Once your form is received by the Compensation Office, the information will be evaluated. If the prior experience is acceptable for credit experience, your step/salary will be adjusted accordingly and you will receive a Notification in the CCSD Portal under Employee Self Service with a comment notifying you of this change. If you are submitting forms from more than 1 previous employer, you may submit them as you receive them. You do not have to wait until you have all of the forms.

NOTE: Process to Verify Past Employment from:

1. Companies No Longer in Operation, or
2. Companies Which Have No Prior Employment Records, or
3. You Were Self-Employed

Step 1: The employee should submit a notarized letter to the Compensation Office stating the information regarding his/her prior employment. The letter should include the name of the Company, the dates of employment, full-time/part-time status, hours worked per day, salary information and a description of major responsibilities.

Step 2: Along with the notarized letter, the employee should provide W-2 forms, social security statement (available at no charge here: [Social Security Website](#)), tax returns, and/or check stubs that would assist in verifying the employment information.

Step 3: Once the Compensation Office receives and reviews these documents, it will be determined if the information supports granting credit for this prior experience.

If you have further questions, please contact the Compensation Office at 770-426-3342 or via e-mail at CompDept@cobbk12.org.

Paraprofessional Experience Verification Form

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	
AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO THE COBB COUNTY SCHOOL DISTRICT.			
_____		_____	
Signature		Date	

Employee: Please complete the above information ONLY and send this form to your previous employer to verify the information requested below.

PLEASE FILL IN ALL INFORMATION REQUESTED BELOW

1. **All college experience must include/specify academic rank held.** Employee must have held a Master's degree at the time of the experience, and only full time experience will be considered.
2. Use one line for each academic year or change in status – do not include leave of absence periods.
3. E-mail completed form to compdept@cobbk12.org.

School District or Institution	State	Dates of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	STATUS		Hours per Day	Position	Grades & Subjects Taught Major Portion of Time	Professional Certification			Ratings on Performance Reviews
		FROM mm/dd/yy	TO mm/dd/yy			Full Time	Part Time				Yes	No	Type	
														<input type="radio"/> Satisfactory Rating _____ <input type="radio"/> Unsatisfactory Rating _____
														<input type="radio"/> Satisfactory Rating _____ <input type="radio"/> Unsatisfactory Rating _____
														<input type="radio"/> Satisfactory Rating _____ <input type="radio"/> Unsatisfactory Rating _____

This District/Institution is: Private ___ Public ___ and was fully accredited during the dates of service by the _____ Department of Education and/or _____.

State Name of Regional Accrediting Agency

For Georgia Only: The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the former employee named above in accordance with S.B. 553(1978). As of ____ / ____ / ____, the above named employee has ____ days of unused accumulated state sick leave are herewith transferred for inclusion in the permanent personnel record.

I certify that the above-listed verification of professional experience omits leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Printed Name of Superintendent or Authorized Official

Company Name

Street Address

City, State and Zip Code

Signature of Superintendent or Authorized Official

Title

() _____
Area Code/Phone number

Date

Please email the form to the Cobb Compensation Department at compdept@cobbk12.org