

Hapeville Charter Schools
Certified Verification of Professional Work Experience
Human Resources Department
 PO Box 82548 – Hapeville, GA 30354
 404-767-7745 – HR@hapevillecharter.org

Employee should complete the section below and mail to previous employer(s).

Name: (Last, First, Middle, Maiden)	SS#:
_____	_____ - _____ - _____
Signature: _____	Date: _____
(Authorization to release information to H.C.S.)	_____/_____/_____
Hapeville Charter School Position/Subject:	Work Location (HCMS or HCCA)
_____	_____

For experience to be considered for current year salary purposes, this form **MUST** be received by the HR Department no than August 15, 2020

TO BE COMPLETED BY AUTHORIZED OFFICIAL
Employees should not complete any information before.

School / School District: _____ State: _____

Accreditation Agency (Required for Consideration of Experience): _____

*Include a separate line for every year of experience

Dates of Service (mm/dd/yyyy) From	Dates of Service (mm/dd/yyyy) Through	# Days Worked	Part Time or Full Time?	Position / Title	Teaching Certificate	
					Yes/No	Type

Did this teacher receive an unsatisfactory performance evaluations in your school system? Yes No

If yes, please explain: _____

Signature of Authorized Official

Date

Print Name and Title of Authorized Official

Telephone

For Authorized School Official
 Please return completed form directly to Hapeville Charter Schools HR Department by mail, email, or fax.

Hapeville Charter Schools Attn: HR Dept PO Box 82548 Hapeville, GA 30354	HR@hapevillecharter.org Fax: 404-393-8646 Attn: HR Dept
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