Baldwin County School District

Non-Certified Employment Verification

SECTION 1: TO BE COMPLETED BY EMPLOYEE

First Name _____ Middle Name _____ Last Name _____ SSN _____

Name When Employed, if different from above _____ Dates of Employment _____

I hereby authorize the release of all information requested for verification of employment to the Baldwin County School System.

Signature _____ Date Signed _____

SECTION 2: TO BE COMPLETED BY CURRENT OR PREVIOUS EMPLOYER

Please use a separate line for each change in status and if there was a break in services.

Name of Employer	Position	Begin Date	End Date	Hours Per Day

Georgia State Employee Only:

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 _____(date).

State Health Insurance Coverage (please indicate details of coverage below):

_____No coverage _____BCBS HRA Bronze _____BCBS HRA Silver _____BCBS HRA Gold _____BCBS HMO _____UHC HMO _____BCBS HDHP

_____Employee Only _____Employee + Spouse _____Employee + Children _____Family

_____Tobacco Surcharge

Date of final paycheck: _____ Date of last insurance deduction: _____

I certify that verification of professional experience omits leaves of absence. I further certify that all information listed is complete and correct according to the official records of the employer providing this verification of employment.

Signature of Authorized Official _____ Printed Name/Title _____ Date _____

Mailing Address _____ City, State, Zip _____ Phone Number _____

Please fax to 478-457-3360 or email completed form to amanda.wellborn@baldwin.k12.ga.us