

**COMPENSATION FOR CERTIFIED EMPLOYEES
COBB COUNTY SCHOOL DISTRICT (CCSD)
HUMAN RESOURCES**

The compensation program for all employees is based on administrative practices established for the school district. Certified employees' compensation is regulated by the State of Georgia guidelines. To view employee's salary schedules, click here: [Salary Schedules](#)

Experience Verification

Qualified teaching experience acquired outside of CCSD will be credited year for year in step placement. A **certified** teacher must work full-time for 120 consecutive workdays in a regional or state **accredited** school system. Some of the major accrediting agencies which Georgia accepts are listed as follows:

1. Middle States Association of Schools and Colleges
2. New England Association of Schools and Colleges
3. North Central Association of Schools and Colleges
4. Northwest Association of Schools and Colleges
5. Southern Association of Schools and Colleges
6. Western Association of Schools and Colleges

The state accreditation agency currently recognized by the Georgia Department of Education is the officially recognized state accrediting commission in the state (i.e., Georgia Accrediting Commission). In some states, it could be the state education agency. Accreditation by private school agencies or other independent agencies shall not be acceptable.

Georgia requires verification for previous teaching experience acquired in regional or state **accredited** schools to properly place certified teachers on the correct salary step.

NOTE: Professional School Experience Forms must be sent, by the employee, to each of the previous school systems for verification and will be returned by the employer to the Human Resources Compensation Department.

Salary

A teacher will be placed on Pay Step 1 of the assigned salary level until the completed Certified Professional School Experience Forms are received and evaluated by the Human Resources Compensation Department. Experience verification documents must be received in the Compensation office within 90 calendar days from your date of hire in order for any changes to be effective on your date of hire. If the experience verification documents are received after the 90 day deadline, any corrections will be effective from the date we received the documentation. The District will post a notification on the CCSD Portal under Employee Self Service indicating the adjustment amount, effective date, and reason. If you have further questions, please contact the Compensation Office at 770-426-3342 or via e-mail at CompDept@cobbk12.org.

Certified Professional 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