**Verification of Accreditation Status**

Office of Educator Certification

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
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</thead>
</table>

TEA ID Number

**Employment Information**

One of our employees has indicated previous employment with your institution. The information requested below is needed to determine whether the experience may be claimed for salary increment purposes. To assist us in our evaluation, the following information is requested.

<table>
<thead>
<tr>
<th>Previous Employment From</th>
<th>Previous Employment To</th>
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</table>

**Institution Information**

1. Was this institution during the school year(s) indicated above operated by or under the jurisdiction of a governmental unit in the state in which this institution is located?
   - ○ Yes
   - ○ No

   If Yes, please provide the name of the governmental unit

2. Was this institution during the school year(s) indicated above accredited by a United States regional accrediting agency or by the state or national government in which this institution is located?
   - ○ Yes
   - ○ No

   If Yes, please provide the name of the accrediting agency or governmental unit

3. Is this a Public or Private School?
   - ○ Public
   - ○ Private

We appreciate your cooperation in completing this form at your earliest convenience.

Name of Institution

Signature of Person completing form

Title of Person Signing

The organization's official stamp must be included on the form if service from outside of the United States is reported. For public schools, colleges and universities, the country's Department of Education is the organization official stamp.
<table>
<thead>
<tr>
<th>School Year</th>
<th>State Or Country</th>
<th>County Or Equivalent</th>
<th>School District Or Institution (Indicate public or private)</th>
<th>Position Held</th>
<th>Years of Exper.</th>
<th>% of Day Emp.</th>
<th>No. Days Emp.</th>
<th>Dates of Service</th>
<th>Authorized Signature, Title, &amp; Organization Official Stamp</th>
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<td>(a) State Sick Leave Program</td>
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<td></td>
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<td>(b) State Personal Leave Program</td>
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</table>

Note: Instructions on Back

(For experience to be considered for the current year salary placement, this form MUST be received in Human Resources no later than your last work day of the current school year.)

FIN 115
Instructions for completing FIN-115

(All columns must be completed unless otherwise indicated)

<table>
<thead>
<tr>
<th>School Year</th>
<th>State or Country</th>
<th>Course or Institution</th>
<th>School District or Institution</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

4. Position Held

5. Years of Experience

6. 2% of Days Enrolled

7. Dates of Service

8. Nos. of Days Enrolled

9. Indicate if a full quarter, A full quarter, if less than 90 days

10. Sick Leave Programs

11. (a) State Sick Leave Program

12. (b) State Personal Leave Program

13. Authorized Absence/Non-Credit


15. Authorized Absence/Other

16. Note:

- Any sick leave claimed for salary increment purposes must be documented on this form or other similar document containing similar information.

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