

Verification of Accreditation Status



Office of Educator Certification

Last Name	First Name	Initial
-----------	------------	---------

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.

Previous Employment From	Previous Employment To
--------------------------	------------------------

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.

College Verification (full-time)



Office of Educator Certification

Last Name	First Name	Initial
-----------	------------	---------

TEA ID Number

Employment Verification

We find it necessary to verify the employment of the above named individual during each academic year. This information is needed to determine whether the experience may be counted for salary increment purposes. To assist us in our evaluation, the following information is requested.

What were the beginning and ending dates of employment? A service record must accompany this form for the district to determine creditable years of service.

Years of Service From	Years of Service To	Percent of Day Employed

- Was this person employed either at the faculty status level or as an administrator on a full-time basis during each academic year (not as a graduate assistant, teaching fellow, etc.)?
 - Yes
 - No
- Was the work assigned during each academic year consistent with the work performed by other similar employees?
 - Yes
 - No
- Was the salary paid during each academic year equal to that of other similar employees?
 - Yes
 - No

Name of Institution

Title	Signature of Official
-------	-----------------------

The organization's official stamp must be included on the form if service from outside of the United States is reported.

College Verification (part-time)



Office of Educator Certification

Last Name	First Name	Initial
-----------	------------	---------

TEA ID Number

Employment Verification

We find it necessary to verify the employment of the above named individual during each academic year. This information is needed to determine whether the experience may be counted for salary increment purposes. To assist us in our evaluation, the following information is requested.

What were the beginning and ending dates of employment? A service record must accompany this form for the district to determine creditable years of service.

Years of Service From	Years of Service To	Percent of Day Employed

- 1. Was this person employed either at the faculty status level or as an administrator on a part-time basis during each academic year (not as a graduate assistant, teaching fellow, etc.)?
 Yes
 No
- 2. Was the work assigned during each academic year consistent with the work performed by other similar employees?
 Yes
 No
- 3. Was the salary paid during each academic year equal to that of other similar employees?
 Yes
 No
- 4. Was employment at least three and one-half hours each day.
 Yes
 No

Name of Institution

Title	Signature of Official
-------	-----------------------

The organization's official stamp must be included on the form if service from outside of the United States is reported.



TEACHER SERVICE
RECORD

LAST _____ FIRST _____ MI _____

TEA ID Number _____

SIGNATURE OF TEACHER _____

1 School Year	2 State Or Country	3 County Or Equivalent	4 School District Or Institution (Indicate public or private)	5 Position Held	6 Years of Exper.	7 %of Day Emp.	8 No. Days Emp.	9 Dates of Service		10 Indicate if a full semester, if less than 90 days	11 State Sick Leave Program			12 Authorized Signature, Title, & Organization Official Stamp	
								From	To		Prior Year Balance	Earned	Used		End-of-Year Balance
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				
											(a)				
											(b)				

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.)

Instructions for completing FIN-115

(All columns must be completed unless otherwise indicated)

1. School Year
-- Corresponds to the scholastic school year (e.g., 1997-98, etc.) employment is claimed. No more than one year of experience can be shown on one line.
2. State or Country
-- Enter state or territory of USA. Enter name of foreign nation if applicable.
3. County or Equivalent
-- Enter county or parish in USA. For Department of Defense Dependents' Schools (DODDS) enter the names of subterritories of foreign nations. DODDS Service records must be completed by an official from the National Archives and Records Administration (NARA) in St. Louis, MO. (A blank service record must be sent to: NARA, CPR 111 Winnebago Street, St. Louis, MO 63118-4199).
4. School District or Institution
-- Enter name of public school district or institution and name of private school or institution. Give sufficient information in this column to identify the school for accreditation purposes. (e.g. Public or Private)
5. Position Held
-- Enter position held (e.g., teacher, substitute, bus driver, etc.)
6. Years of Experience
-- Enter the number of year(s) of actual experience as of September 1 of the school year indicated in column 1. (Do not include the additional year(s) for career ladder, career and technology education work experience, or qualified teacher aide experience. Career and technology education work experience or qualified teacher aide experience must be recorded as a footnote on the service record).
7. % of Day Employed
-- Enter percentage of the school day employee was employed. Full day is reported as 100%, one-half day is reported as 50%, three-quarters of the day is reported as 75%, etc.
8. No. of Days Employed
-- Enter the number of days employed during the contractual year (July 1 thru June 30). The days entered must not include the number of days a person was docked a full day's pay.
9. Dates of Service
-- Enter the actual beginning and ending dates of employment during the contractual year (July 1 thru June 30).
10. Indicate if a full semester, if less than 90 days
-- Enter full semester if it was a full semester that was less than 90 days.
11. State Leave Programs:
 - (a) State Sick Leave Program
-- Enter state sick leave information in this row – not required for private schools, colleges, and out-of-state schools.
 - (b) State Personal Leave Program
-- Enter state personal leave information in this row (Required for Charter schools if state days are offered) – not required for private schools, colleges, and out-of-state schools. (Note: This program was initiated in 1995-96 school year).
12. Authorized Signature, Title, and Organization Official Stamp
-- The record must be verified by either signing each line of the record separately (in ink) or by drawing a diagonal line and placing the signature diagonally across from the years of experience. An authorized official of the school system must sign the record. A rubber stamp signature may be used, in lieu of the original signature, provided the name of the person appearing on the stamp is the same name designated by the school district to sign the service record. Such official, if not the superintendent of the school, must have been authorized to sign personnel records of the institution by the governing board of that institution. In the case of public schools, the board of trustees is the governing body. The organization's official stamp must be included on the service record if service from overseas is reported. If service is reported from the US, official stamp may be included depending on availability.

Note: -- All service claimed for salary increment purposes must be documented on this form or other similar document containing similar information.