



Business Services  
Clear Creek I.S.D

PO Box 799  
League City, Texas 77574

(281) 284-0156  
FAX (281) 284-9916

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**VERIFICATION OF EXPERIENCE**

**EMPLOYEE:** Complete this cover page to send to your previous school district(s) for completion.

**PREVIOUS EMPLOYER/DISTRICT:**

Please provide experience verification on the attached Service Record form. Experience acceptable for salary credit purposes must meet state requirements and be earned in a public or private school that was accredited by an accrediting association recognized by the Texas Education Agency.

Note that no more than one year of experience can be shown per line. Return completed form, including the authorized representative's signature to the address above or email directly to:

Yvonne at [ythompson@ccisd.net](mailto:ythompson@ccisd.net) (professional staff) or

Crystal at [crystalb@ccisd.net](mailto:crystalb@ccisd.net) (support staff).

Should you have any questions, please contact the Employment Services office at (281) 284-0150.

Previous Employer/District Name \_\_\_\_\_

Attention \_\_\_\_\_

Employee Full Legal Name \_\_\_\_\_

Previous/Other Names used (if applicable) \_\_\_\_\_

ID/SSN \_\_\_\_\_ Approximate Dates Employed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you.

# Verification of Accreditation for Salary Increment Purposes



| Educator Information  |                        |  |
|---|------------------------|--|
| Last Name   | First Name             | Initial  |
| TEA ID Number   |                        |  |
| Employment Information  |                        |  |
| One of our employees has indicated previous employment with your institution. The information requested 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   |                        |  |
| Name of Institution   |                        |  |
| 1. Was this institution during the school years indicated above <b>operated</b> by or under the jurisdiction of a governmental unit in the state in which this institution is located?  |                        | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            |
| If Yes, please provide the name of the governmental unit  |                        |  |
| 2. Was this institution, during the school years indicated above, <b>accredited</b> by a United States accrediting agency recognized by the U.S. Department of Education or by the state or national government in which this school is located?                            |                        | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            |
| If Yes, please provide the name of the accrediting agency and/or governmental unit  |                        |  |
| 3. Is this a public or private school?  |                        | Public <input type="checkbox"/><br>Private <input type="checkbox"/>    |
| 3. If the school is operated on the British system please indicate government or public school.   |                        | Government <input type="checkbox"/><br>Public <input type="checkbox"/> |
| Signature of authorized official  |                        | Title and Name of Authorized Official (print)                          |

### Stamp/Seal

The organization's official stamp must be included on the form if service from outside of the United States is reported. For public schools the country's Department of Education is the organization official stamp

# Service Record

All Service claimed for salary increment purposes must be documented on this form or other similar document containing similar information.



Instruction for completing the Service record are included on the following pages, all columns must be completed unless other wise indicated.

| Last Name      |                     |                         | First Name                        |  |                  | Initial            |                 | TEA Id Number/Unique District Id for Non-certified |   |                           |                         |   |
|----------------|---------------------|-------------------------|-----------------------------------|--|------------------|--------------------|-----------------|--|---|---------------------------|-------------------------|---|
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
| 1. School Year | 2. State or Country | 3. County or Equivalent | 4. School District or Institution | 5. Indicate if public or private (for British system public or government) | 6. Position Held | 7. Years of Exper. | 8. % of day Emp | 9. No. of days Emp.                                | 10. Indicate if a full semester, if it is less than 90 days | 11. Dates of Service From | 12. Dates of Service To | 13. Authorized Signature, Title & Organization Official Stamp |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |
|                |                     |                         |                                   |  |                  |                    |                 |  |   |                           |                         |   |

# Service Record

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Instruction for completing the Service record are included on the following pages, all columns must be completed unless other wise indicated.

| <b>State Sick Leave Program</b> | Prior Year Balance | Year Service was Earned | Earned | Used | End of Year Balance | <b>State Personal Leave Program</b> | Prior Year Balance | Year Service was Earned | Earned | Used | End of Year Balance |
|---------------------------------|--------------------|-------------------------|--------|------|---------------------|-------------------------------------|--------------------|-------------------------|--------|------|---------------------|
| Row 1                           |                    |                         |        |      |                     | Row 1                               |                    |                         |        |      |                     |
| Row 2                           |                    |                         |        |      |                     | Row 2                               |                    |                         |        |      |                     |
| Row 3                           |                    |                         |        |      |                     | Row 3                               |                    |                         |        |      |                     |
| Row 4                           |                    |                         |        |      |                     | Row 4                               |                    |                         |        |      |                     |
| Row 5                           |                    |                         |        |      |                     | Row 5                               |                    |                         |        |      |                     |
| Row 6                           |                    |                         |        |      |                     | Row 6                               |                    |                         |        |      |                     |
| Row 7                           |                    |                         |        |      |                     | Row 7                               |                    |                         |        |      |                     |
| Row 8                           |                    |                         |        |      |                     | Row 8                               |                    |                         |        |      |                     |

Service Notes:

# Service Record

All Service claimed for salary increment purposes must be documented on this form or other similar document containing similar information.



Instruction for completing the Service record are included on the following pages, all columns must be completed unless other wise indicated.

## Instructions for completing the Service record

- 1. School Year** Corresponds to the scholastic school year (e.g., 1997-98) employment is claimed. No more than one year of experience can be shown on one line.
- 2. State/Country** Enter state or territory of the USA Enter name of foreign nation if applicable
- 3. County/Equivalent** Enter county or parish in USA. Department of Defense Education Activity (DoDEA), enter the names of sub-territories of foreign nations. DoDEA service must be completed by the National Archives and Records Administrations (NARA). Send a blank service record to: National Personnel Records Center, Civilian Personnel Records, 1411 Boulder Blvd, Valmeyer IL 62295.
- 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
- 5. Public or Private** Enter either Public or Private, for the British System enter either Government or Public
- 6. Position Held** Enter position held (e.g., teacher, librarian, substitute, bus driver, aide, etc.)
- 7. 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. This experience must be recorded as a footnote on the service record).
- 8. % of Day Employed** Enter percentage of the school day the 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
- 9. No. of Days Employed** Enter the number of days employed during the contractual year (July 1 through June 30). The days entered must not include the number of days a person was docked a full day's pay.
- 10. Indicate if a full semester, if it is less than 90 days** Enter full semester if it was a full semester that was less than 90 days.

# Service Record

All Service claimed for salary increment purposes must be documented on this form or other similar document containing similar information.



Instruction for completing the Service record are included on the following pages, all columns must be completed unless other wise indicated.

## Instructions for completing the Service Record, continued

- 11. Date of Service From** Enter the actual beginning date of employment during the contractual year (July 1 thru June 30).
- 12. Date of Service To** Enter the actual ending date of employment during the contractual year (July 1 thru June 30).
- 13. 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 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 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. For public schools, colleges and universities, the country's Department of Education is the organization official stamp. If service is reported from the US, official stamp may be included depending on availability.

## State Sick Leave and State Personal Leave

- 1. State Sick Leave** Enter state sick leave information in this table, not required for private schools, colleges and out-of-state schools.
- 2. State Personal Leave** Enter state personal leave information in this table (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 the 1995-96 school year).

## Service notes:

If earning service for a skill-based certificate added by exam, record the first date the educator worked 50% of day in the appropriate assignment. Valid Educational Aide experience and any other unique information regarding service should also be included.

- Note:**
- All service claimed for salary increment purposes must be documented on this form or other similar document containing similar information.
  - Service records and any supporting documents must be completed in ink (the document may be completed electronically and printed).
  - White out may not be used, any white out used on any document submitted will nullify the document.