

Business Services Clear Creek I.S.D

PO Box 799 League City, Texas 77574 (281) 284-0156 FAX (281) 284-9916

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 (professional staff) or

Crystal at 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	e)
ID/SSN	Approximate Dates Employed
Signature	Date
Thank you.	

College Verification Part-time for Salary Increment Purposes

		WA
	-7	V
-	-/	

Last Name		First Name		Initial	
TEA ID Number					
Employment Verification					
We find it necessary to verify academic year. This information counted for salary increment properties information is requested.	on is needed to d	etermine whet	her the exper	ience may be	
What were the beginning and accompany this form for the d	_				
Years of Service From	Years of S	Percent	t of Day Employed		
1. Was this person employed		•		Yes	
administrator on a part-tim a graduate assistant, teach	ear (not as	No			
Was the work assigned duri work performed by other s	nt with the	Yes No			
3. Was the salary paid during	Yes				
other similar employees?		No			
4. Was employment at least th	Yes				
				No	
Name of Institution					
Title		Signature of	Official		
The organization's official stam States is reported.	p must be include	d on the form if s	ervice from ou	tside of the United	

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Verification of Accreditation for Salary Increment Purposes



Educator Information									
Last Name	First Name								
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 I	Employment To							
Institution Information									
Name of Institution	Name of Institution								
Was this institution during the school years indicated above operated by or under the									
If Yes, please provide the name of the governmental unit									
2. Was this institution, during the school years	indicated ab	ove, accredited by	Yes□						
a United States accrediting agency recognized by the U.S. Department of Education No \Box									
or by the state or national government in which this school is located?									
If Yes, please provide the name of the accrediting agency and/or governmental unit									
	Public□ Private□								
3. If the school is operated on the British syste government or public school.	em please in	dicate Governm Public □	ent□						
Signature of authorized official	-	Title and Name of Autho	orized 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

Teacher_{Reserved} 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 Teacher Service record are included on the following pages, all columns must be completed unless other wise indicated.

Last Name First			First Nan	First Name In			ial	TEA Id Number/Unique District Id for Non-cert			d for Non-certified		
Signature of Teacher													
School Year 1.	State or Country 2.	County or Equivalent 3.		District or titution	Indicate if public or private (for British system public or government) 5.			day	Emp.	Indicate if a full semester, if it is less than 90 days	Dates of Service From 11.	of Service To	Authorized Signature, Title & Organization Official Stamp 13.

Teacher_{Reserved} Service Record

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

Instructions for completing the Teacher 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.

Teacher_{Reserved} Service Record

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

Instructions for completing the Teacher 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: 1. All service claimed for salary increment purposes must be documented on this form or other similar document containing similar information.

- 2. Service records and any supporting documents must be completed in ink (the document may be completed electronically and printed).
- 3. White out may not be used, any white out used on any document submitted will nullify the document.