

# Verification of Accreditation Status



Office of Educator Certification

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

Social Security 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.**

# Verification of Accreditation Status (British System Only)

Office of Educator Certification



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

Social Security 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 Government or Public School?

Government  
 Public

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.**