

# College Verification for Salary Increment Purposes



Last Name	First Name	Initial
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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 full-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  |

Name of Institution

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