



## **Tomball Independent School District**

*Not just a district, a destination.*

---

TO: NEW PERSONNEL

FROM: HUMAN TALENT

SUBJECT: **VERIFICATION OF PARAPROFESSIONAL EXPERIENCE IN TEXAS**

It is the responsibility of the paraprofessional to provide verification of all part- and/or full-time experience earned outside of Tomball Independent School District on forms provided by the district. Experience acceptable for salary credit purposes must be earned in a public or private school that was accredited by an accrediting association recognized by the Texas Education Agency. You must have been fully certified and serviced in a paraprofessional position for at least 90 full-time days or 180 part-time days for experience to be acceptable for salary credit.

The attached form letter is to be used to request your prior **Texas Service Record and Paraprofessional Certificate**.

Please follow these steps:

1. Complete the Service Record Request form showing your full name and social security number.
2. Send the Service Record Request, Verification of Accreditation Status, and Paraprofessional Service Record Forms to the Human Resources Department of each school district(s) where you previously worked.
3. Have your previous school district(s) send your service record directly to our department at [htspecialists@tomballisd.net](mailto:htspecialists@tomballisd.net).

Should you have any questions, please contact the Human Talent Department at (281) 357-3100.



**Tomball Independent School District**  
*Not just a district, a destination.*

---

**SERVICE RECORD REQUEST**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Previous Texas School District

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Re: \_\_\_\_\_

Name

\_\_\_\_\_  
Social Security Number

To Whom It May Concern:

I have been employed by Tomball Independent School District for the current school year. My dates of employment with your district were \_\_\_\_\_.

Please send the following items to Tomball ISD via email to:

[htspecialists@tomballisd.net](mailto:htspecialists@tomballisd.net).

1. Original Service Records
2. Original Transcripts
3. Educational Aide/Paraprofessional Certificate

Thank you,

\_\_\_\_\_  
Signature

# 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"/> 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"/> 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"/> Private <input type="checkbox"/>
4. If the school is operated on the British system please indicate government or public school.		Government <input type="checkbox"/> 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

# Paraprofessional Service Record



All Service claimed for salary increment purposes must be documented on this form, instructions are included on the following page.

Last Name			First Name				Initial			
1	2	3	4	5	6	7	8	9		10
School Year	State or Country	County	School District (Indicate if public or private)	Position held	Years of Exper.	% of day Emp	No. of days Emp.	<u>Dates of Service</u> From      To		Authorized Signature, Title & Organization Official Stamp

# Paraprofessional Service Record



All Service claimed for salary increment purposes must be documented on this form, instructions are included on the following page.

State Sick Leave Program	Prior Year Balance	Year Service was Earned	Earned	Used	End of Year Balance	State Personal Leave Program	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					
Row 9						Row 9					
Row 10						Row 10					

Service Notes:

# Paraprofessional Service Record



All Service claimed for salary increment purposes must be documented on this form, instructions are included on the following page.

## Instructions for completing the Teacher Service record.

- 1. School Year.** Corresponds to the scholastic school year 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.
- 4. School District.** 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. Enter either Public or Private, for the British System enter either Government or Public
- 5. Position Held.** Enter position held (e.g., teacher, librarian, substitute, bus driver, aide, etc.)
- 6. Years of Experience.** Enter the number of year(s) of actual experience 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).
- 7. % 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.
- 8. 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.
- 9. Date of Service To and From** Enter the actual beginning date and ending date of employment during the contractual year (July 1 thru June 30).
- 10. 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.

# Paraprofessional Service Record



All Service claimed for salary increment purposes must be documented on this form, instructions are included on the following page.

## 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.