CYPRESS FAIRBANKS
INDEPENDENT SCHOOL DISTRICT
LEARN • EMPOWER • ACHIEVE • DREAM

HUMAN RESOURCES
KATY CORBETT, HR DIRECTOR

FOR TEXAS PUBLIC SCHOOL SERVICE

TO: NEW PERSONNEL

FROM: HUMAN RESOURCES DEPARTMENT

SUBJECT: **VERIFICATION OF TEACHING EXPERIENCE**

It is the responsibility of the teacher to provide verification of all full-time teaching experience earned outside of Cypress-Fairbanks Independent School 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 served in a contracted position for the required number of days as recognized by TEA for experience to be acceptable for salary credit.

For experience to be considered for current year salary placement, official service records must be received in Human Resources no later than May 1st during the year of employment.

The attached form letter can be used to request your prior **Texas Teacher Service Record** and **College Transcripts.** Please complete the letter and provide it to the personnel office of the school district where you taught last. They may also have previous service records from prior districts, if they have not previously returned them to you.

Your prior district(s) will need to email them directly to HRProfessional@cfisd.net (to be considered an official service record, it must come directly from one district to another, and may not be forwarded from the employee).

Should you have any questions, please contact the Human Resources Office at (281) 897-4083.

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HUMAN RESOURCES
KATY CORBETT, HR DIRECTOR

Date

Previous Texas School District

Address

City, State, Zip Code

Re: _____
Teacher's Name

_____
Last 4 Digits of Social Security Number

To Whom it May Concern:

I have been employed by Cypress-Fairbanks Independent School District for the current school year. My employment years with your district were: _____.

Please email the following items direclty to HRProfessional@cfisd.net, as well as, my personal email _____.

1. Transcripts
2. Service Records

Thank you,

_____
Signature

Teacher's Address

City, State, Zip Code

College Verification (full-time)

Office of Educator Certification

TEXAS EDUCATION AGENCY

Last Name	First Name	Initial

Social Security 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 during each academic year? Please show each academic year on a separate line.

Years of Service From	Years of Service To	Percent of Day Employed

Add Row

Delete Row

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

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

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College Verification (part-time)

Office of Educator Certification

TEXAS EDUCATION AGENCY

Last Name	First Name	Initial

Social Security 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 during each academic year? Please show each academic year on a separate line.

Years of Service From	Years of Service To	Percent of Day Employed

Add Row

Delete Row

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

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

TEXAS EDUCATION AGENCY

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.

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Teacher 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 Name	Initial	TEA Id Number/Unique District Id for Non-certified
Signature of Teacher			

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

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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					

Service Notes:

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Teacher 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.

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Teacher 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.

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 **i**n 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.

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