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

HUMAN RESOURCES
KATY CORBETT, HR DIRECTOR

FOR PUBLIC OUT OF STATE SERVICE

TO: NEW PERSONNEL

FROM: PERSONNEL DEPARTMENT

SUBJECT: **VERIFICATION OF TEACHING EXPERIENCE**

Previous teaching experience must be verified on the Teacher Service Record Form (attached). Procedures regarding verification of the experience are given below.

It is the responsibility of the teacher to provide, on forms furnished by the District, verification of a 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 a minimum amount of full-time days for experience to be acceptable for salary credit. Service Records received from public Out of State schools may be submitted to the TEA for verification.

Please complete the form showing your full name and social security number.

Mail this form and the sample form to the school district where you previously taught for completion of Columns 1 – 9. See instructions on the sample form for assistance in the correct manner to complete the form. **Please note, no more than one year of experience can be shown per line.** The Superintendent's, or authorized representative's, signature and title must be placed in Column 9.

Your prior district(s) will need to email them directly to HRProfessional@cfisd.net. To be considered an official service record, it must be emailed directly from your previous district to Cypress Fairbanks ISD, 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 Out-of-State School District

_____
Address

_____
City, State, Zip

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 attached form once completed directly to HRProfessional@cfisd.net, as well as, my personal email _____.

Thank you.

_____
Signature

_____
Teachers Address

_____
City, State, Zip

Verification of Accreditation Status

Office of Educator Certification

T

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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Instructions for Completing Form
(All columns must be completed unless otherwise indicated)

1. School Year – Corresponds to the school term or scholastic school year (September 1 – August 31) that employment is claimed. **No more than one year of experience can be shown on one line.**

2. State or Country – Enter state or territory of USA. Enter name of Foreign Nation if applicable.

3. County or Equivalent – Enter county or parish in USA. Enter APO of Department of Defense (DOD) Schools and names of sub-territories of Foreign Nations.

4. School District or Institution – Enter name of Public School Districts and names of Private Schools and other institutions. Give sufficient information in this column to identify the school for accreditation purposes.

5. Enter Grade Level Taught – If more than one grade, enter span ie: 2-6, 7-12, etc. Enter SUPV for Supervisor, CONS for Counselor, PTP for Part-time Principal, FTP for Full-time Principal, and SUPT for Superintendent.

6. % of Days Employed – Enter percentage of the school day employee is employed. Full day is reported as 100%, one-half day is reported as 50%.

7. No. of Days – Enter the number of days employed during the school term for public schools and private schools. Enter number of days employed during the scholastic school year (Sept. 1 – August 31) for colleges/universities. An employee must have been fully certified and served in a contracted position for at least 90 full-time days for experience to be acceptable for salary credit. **We will not be able to accept the service record without this column completed**.

8. Dates of Service – Enter beginning and ending dates of employment in the school term or scholastic school year.

9. Only Authorized Signatures Acceptable – Each line on the record must be verified by the signature and title (in ink) of an authorized official of the school system involved. 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.

*This is a legal document: erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable.

See Sample on Reverse Side

Name SMITH MARTHA A

(Last) (First) (Middle Initial)

Please print or type

Social Security No. 451-97-1174

Written Signature of Teacher

TEACHER SERVICE RECORD

FOR VERIFICATION OF SERVICE OUTSIDE TEXAS PUBLIC SCHOOLS

USE A SEPARATE LINE FOR EACH SCHOOL YEAR. This is a legal document:erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable.

(1) School Year	(2) State	(3) County	(4) School District	(5) Grade Level Taught	(6) % Day Employed 50% = half day 100% = full day	(7) No. Days Worked	(8) Beginning Work Date Mo. Day Yr.	(8) Ending Work Date Mo. Day Yr.	(9) Signature of Superintendent, trustee, or personnel administrator (each line)
1966-67	Ohio	Tarrant	Forest Hill	9-12	100%	183	8/12/1966	5/29/1967	*Robert Smith* Supt.
1967-68	Ohio	Tarrant	Forest Hill	12	100%	91	1/6/1968	5/29/1968	*Robert Smith* Supt.
1968-69	Ohio	Tarrant	Forest Hill	12	100%	190	8/12/1968	5/29/1969	*Robert Smith* Supt.

SAMPLE

Please State Title

Name _____

(Last) (First) (Middle I)

Please print or type

Social Security No. _____

_____

Written Signature of Teacher

TEACHER SERVICE RECORD

FOR VERIFICATION OF SERVICE IN A PUBLIC SCHOOL OUTSIDE OF TEXAS

USE A SEPARATE LINE FOR EACH SCHOOL YEAR. This is a legal document:erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable.

(1) School Year	(2) State	(3) County	(4) School District	(5) Grade Level Taught	(6) % Day Employed 50% = half day 100% = full day	(7) No. Days Worked	(8) Beginning Work Date Mo. Day Yr.	(8) Ending Work Date Mo. Day Yr.	(9) Signature of Superintendent, trustee, or personnel administrator (each line)

Please State Title