



# Cypress-Fairbanks Independent School District

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Personnel Office  
FAX (281) 807-8159

Betty Rennell  
Assistant Superintendent  
For Personnel  
(281) 897-4162

Timothy Rocka, Ph.D.  
Director  
Human Resource Systems  
(281) 897-4099

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 at least **90** 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 Texas Education Agency for verification.

Please complete the form showing your full name, social security number and fill in as many of the columns as you can. See instructions on form or the sample form for assistance in listing your service experience. **Please note, no more than one year of experience can be shown per line.**

Mail this form to the school district where you taught for the superintendent's or authorized representative's signature and title in column 9.

Please have this form **returned to you. You will need to sign it before we can accept it for your record.** You may desire to use the attached form letter.

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

Thank you.

**FOR COLLEGE/UNIVERSITY SERVICE**



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## VERIFICATION OF ACCREDITATION STATUS

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

The individual named above is a current employee of the Cypress-Fairbanks Independent School District and has indicated previous employment with your institution during the \_\_\_\_\_ school year(s). The information requested below is needed to determine whether the experience being claimed may be counted under our current teacher salary law. To assist us in our evaluation, we respectfully request that the following questions be answered:

1. Was the institution during the school year(s) indicated above operated by or under the jurisdiction of a governmental unit of the state or county in which it is located? \_\_\_\_\_

If yes, the name of the governmental unit was \_\_\_\_\_

2. Was the institution during the year(s) indicated above accredited or approved by a United States Regional Accrediting Agency or by the State or National government in which the institution is located? \_\_\_\_\_

If yes, the name of the accrediting or approving agency or governmental unit was \_\_\_\_\_

3. Is this a public or private school? Public \_\_\_\_\_ Private \_\_\_\_\_

We appreciate your cooperation in completing this form at your earliest convenience.

SIGNATURE

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

TITLE

\_\_\_\_\_  
INSTITUTION

**COLLEGER VERIFICATION FORM (PART-TIME)**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

We find it necessary to verify the employment of the above named person during the academic year(s) \_\_\_\_\_. This information is needed to determine whether the experience may be counted for salary purposes under our current teacher salary law. To assist us in our evaluation, we request that the following questions be answered relative to the person's employment.

1. What were the beginning and ending dates of employment during each academic year? Please show each academic year on a separate line.

				Percentage of Employment
From	:	To:		
(mm		(mm		
	/dd/yr)		/dd/yr)	
From	:	To:		
(mm		(mm		
	/dd/yr)		/dd/yr)	

2. Was this person employed either at the faculty status level or as an administrator during each academic year (not a student assistant, teaching fellow, etc.)?  
\_\_\_\_\_

3. Was the schedule of work during each academic year equivalent to full-time employment for the same position?  
\_\_\_\_\_

4. Was the salary paid during each academic year equivalent to a full-time contract for the same position?  
\_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

**COLLEGER VERIFICATION FORM (FULL-TIME)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

We find it necessary to verify the employment of the above named person during the school year(s) \_\_\_\_\_. This information is needed to determine whether the experience accrued may be counted for salary purposes under our current teacher salary law. To assist us in our evaluation, we request that you answer the following questions relative to this person’s employment.

- 1. What were the beginning and ending dates of employment? Please show each year on a separate line. Our public school year is from September 1 to August 31.

From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm /dd/yr) (mm /dd/yr)

From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm /dd/yr) (mm /dd/yr)

From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm /dd/yr) (mm /dd/yr)

- 2. Was this person employed either at the faculty status level or as an administrator during each academic year (not a student assistant, teaching fellow, etc.)? \_\_\_\_\_

- 3. Was the schedule of work during each academic year equivalent to full-time employment for the same position? \_\_\_\_\_

- 4. Was the salary paid during each academic year equivalent to a full-time contract for the same position? \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution



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\_\_\_\_\_  
Date

\_\_\_\_\_  
Previous College/University

\_\_\_\_\_  
Address

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

Teachers

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

\_\_\_\_\_  
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 complete the enclosed forms and send to the address below.

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Teachers Address

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



Name SMITH MARTHA A  
 (Last) (First) (Middle Initial)  
**Please print or type**

TEACHER SERVICE RECORD  
 FOR VERIFICATION OF SERVICE OUTSIDE TEXAS PUBLIC SCHOOLS

Social Security No. 451-97-1174

Written Signature of Teacher \_\_\_\_\_

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.      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	<i>Robert Smith</i>
1967-68	Ohio	Tarrant	Forest Hill	12	100%	91	1/6/1968	5/29/1968	Supt. <i>Robert Smith</i>
1968-69	Ohio	Tarrant	Forest Hill	12	100%	190	8/12/1968	5/29/1969	Supt. <i>Robert Smith</i>
									Supt.

**SAMPLE**

Please State Title