



Cypress-Fairbanks Independent School District

Personnel Office
FAX (281) 897-3861

Teresa Hull
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 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 PUBLIC OUT-OF-STATE SERVICE



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Date

Previous Out-of-State School District

Address

City, State, Zip

Re: _____
Teacher's 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



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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 OF PERSON COMPLETING FORM

PRINTED NAME & TITLE

INSTITUTION & PHONE NUMBER

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

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