



Cypress-Fairbanks Independent School District

Human Resources
FAX (281) 517-2106

Deborah Stewart
Associate Superintendent
for Human Resources and Student Services
(281) 897-4030

Janet K. Price
Director, Ancillary Personnel
(281) 897-4033

TO: NEW PERSONNEL

FROM: HUMAN RESOURCES

SUBJECT: **VERIFICATION OF PARAPROFESSIONAL EXPERIENCE**

It is your responsibility to provide, on forms furnished by the district, verification of a part- and/or full-time education experience earned outside of the 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 served in a position for at least **90** full-time days or **180** part-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 follow these steps:

1. Complete the Service Record Request form showing your full name and social security number.
2. Mail the Service Record Request, Verification of Accreditation Status, and Paraprofessional Service Record forms to the Human Resources Department of each school district(s) for which you have worked.
3. Please have the Paraprofessional Service Record form(s) **returned to you.**
4. Upon receipt, verify that the information is accurate. **You will need to sign each service record before we can accept it for your record.**
5. Return the original service record(s) to the CFISD Human Resources Department, Ancillary Personnel. We suggest making copies for your personal records.

Should you have any questions, please contact the Office of Human Resources at (281) 897-4033.

Thank you.

FOR PRIVATE SCHOOL SERVICE



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SERVICE RECORD REQUEST

Date

School District

Address

City, State, Zip

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 send the following items to the address below:

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

Thank you.

Signature

Employee's 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 Employee Handbook policy. 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? Yes _____ No _____

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? Yes _____ No _____

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 job title – Enter PARA for paraprofessional, SECY for secretary, TEACH for teacher, and ADMN for administrator.
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 served in an education position for at least 90 full-time days or 180 part-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



PARAPROFESSIONAL SERVICE RECORD
FOR VERIFICATION OF SERVICE IN AN ACCREDITED SCHOOL DISTRICT

Name Gonzales Lucia J
(Last) (First) (Middle I)
Please print or type

Social Security No. XXX-XX-XXXX

Written Signature of Paraprofessional Lucia Gonzales

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) Job Title	(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)
2011-12	OH	Trumbull	Warren City Schools	SECY	50%	187	8/15/2011	5/31/2012	D. Willarey Asst. Director, HR
2010-11	OH	Trumbull	Warren City Schools	PARA	100%	187	8/12/2010	5/26/2011	D. Willarey Asst. Director, HR
2009-10	OH	Trumbull	Warren City Schools	PARA	100%	187	8/13/2009	5/27/2010	D. Willarey Asst. Director, HR
2008-09	OH	Trumbull	Warren City Schools	PARA	100%	187	8/17/2008	6/2/2009	D. Willarey Asst. Director, HR
2007-08	OH	Trumbull	Warren City Schools	PARA	100%	187	8/14/2007	5/30/2008	D. Willarey Asst. Director, HR
2006-07	OH	Trumbull	Warren City Schools	PARA	100%	187	8/16/2006	6/1/2007	D. Willarey Asst. Director, HR

SAMPLE

Please State Title