The Clear Creek Independent School District

Employment Services
2425 East Main Street
League City, Texas 77573
(281) 284-0156

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 Clear Creek 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 and social security number. Mail this form to the school district where you taught for completion including the superintendent's or authorized representative's signature and title in column 9. A sample form is included to assist in listing your service experience. **Please note, no more than one year of experience can be shown per line.**

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 Employment Services office at (281)284-0156.

Thank you.

FOR COLLEGE OR UNIVERSITY SERVICE

Clear Creek Independent School District Mission Statement
The mission of the Clear Creek Independent School District, a diverse community unified by a spirit of exploration and excellence, is to develop students who will lead the way to the future by educating and equipping them with the skills necessary to excel in the 21st century through a system characterized by meaningful community relationships and a comprehensive curriculum facilitated by a highly qualified team committed to Courage, Collaboration, Innovation, and Self-Direction.

The Clear Creek Independent School District

Employment Services
2425 East Main Street
League City, Texas 77573
(281) 284-0156

_____
Date

_____
Previous Employer

_____
Address

_____
City, State, Zip

Re: _____
Name Employed Under

_____
Social Security Number

To Whom It May Concern:

I have been employed by Clear Creek 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 _____

Address _____

_____
City, State, Zip

Clear Creek Independent School District Mission Statement
The mission of the Clear Creek Independent School District, a diverse community unified by a spirit of exploration and excellence, is to develop students who will lead the way to the future by educating and equipping them with the skills necessary to excel in the 21st century through a system characterized by meaningful community relationships and a comprehensive curriculum facilitated by a highly qualified team committed to Courage, Collaboration, Innovation, and Self-Direction.

Verification of Accreditation Status

Office of Educator Certification

TEA™ TEXAS EDUCATION AGENCY

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.

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College Verification (full-time)

Office of Educator Certification

TEA
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

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.

LAST FIRST MI

SOCIAL SECURITY NUMBER

SIGNATURE OF TEACHER

TEACHER SERVICE RECORD

1	2	3	4	5	6	7	8	9		10					11
School Year	State Or Country	County Or Equivalent	School District Or Institution (Indicate public or private)	Position Held	Years of Exper.	%of Day Emp.	No. Days Emp.	Dates of Service		(a) State Sick Leave Program (b) State Personal Leave Program					Authorized Signature, Title, & Organization Official Stamp
								From	To		Prior Year Balance	Earned	Used	End-of-Year Balance	
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					

Note: Instructions on Back

FIN 115

Instructions for completing FIN-115
(All columns must be completed unless otherwise indicated)

1. **School Year** -- Corresponds to the scholastic school year (e.g., 1997-98, etc.) 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. For Department of Defense Dependents' Schools (DODDS) enter the names of subterritories of foreign nations. DODDS Service records must be completed by an official from the National Archives and Records Administration (NARA) in St. Louis, MO. (A blank service record must be sent to: NARA,CPR 111 Winnebago Street, St. Louis, MO 63118-4199).

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. (e.g. Public or Private).

5. **Position Held** -- Enter position held (e.g., teacher, substitute, bus driver, etc.)

6. **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. Career and technology education work experience or qualified teacher aide experience must be recorded as a footnote on the service record).

7. **% of Day Employed** -- Enter percentage of the school day 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.

8. **No. of Days Employed** -- Enter the number of days employed during the contractual year (July 1 thru June 30). The days entered must not include the number of days a person was docked a full day's pay.

9. **Dates of Service** -- Enter the actual beginning and ending dates of employment during the contractual year (July 1 thru June 30).

10. **State Leave Programs:**

    (a) State Sick Leave Program -- Enter state sick leave information in this row – not required for private schools, colleges, and out-of-state schools.

    (b) State Personal Leave Program -- Enter state personal leave information in this row (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 1995-96 school year).

11. **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 years of experience. An authorized official of the school system must sign the record. A rubber stamp signature may by used, in lieu of the original signature, provided the name of the person appearing on the stamp is the same name 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. If service is reported from the US, official stamp may be included depending on availability.

Note: -- All service claimed for salary increment purposes must be documented on this form or other similar document containing similar information.

Smith Samuel L

LAST **FIRST** **MI**

123-45-6789

SOCIAL SECURITY NUMBER

SIGNATURE OF TEACHER

TEACHER SERVICE RECORD

1	2	3	4	5	6	7	8	9		10					11
School Year	State Or Country	County Or Equivalent	School District Or Institution (Indicate public or private)	Position Held	Years of Exper.	%of Day Emp.	No. Days Emp.	Dates of Service		(a) State Sick Leave Program					Authorized Signature, Title, & Organization Official Stamp
										(b) State Personal Leave Program					
								From	To		Prior Year Balance	Earned	Used	End-of-Year Balance	
07-08	TX	Harris	Western Governors Univ Public	Professor Full Faculty Member	2	100	187	08/15/2007	06/02/2008	(a)					John Bishop Asst Supt of Human Resources
										(b)					
06-07	TX	Harris	Western Governors Univ Public	Professor Full Faculty Member	1	50	1183	08/20/2006	06/01/2007	(a)					
										(b)					
05-06	TX	Harris	Western Governors Univ Public	Professor Full Faculty Member	0	100	92	01/16/2006	06/03/2006	(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
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										(a)					
										(b)					
										(a)					

SAMPLE