



# Cypress-Fairbanks Independent School District

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*Laura Harman  
Director  
Human Resources,  
Records, Leave,  
Credentials and Compensation  
281-897-4099  
Fax 281-897-3861*

## **FOR TEXAS PUBLIC SCHOOL SERVICE**

TO: NEW PERSONNEL

FROM: PERSONNEL DEPARTMENT

SUBJECT: **VERIFICATION OF TEACHING EXPERIENCE**

It is the responsibility of the teacher to provide verification of all 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 the required number days as recognized by TEA for experience to be acceptable for salary credit.

The attached form letter is to be used to request your prior **Texas Teacher Service Record and College Transcripts**. Please complete the letter and mail it to the personnel office of the school district where you taught last. They should also have any previous service records from prior districts.

Please have this form **returned to you**. Once you receive it, verify that everything is correct. If you feel that it is not correct, contact the district – do not make any changes to this record as it will invalidate the record. **You will need to sign it before we can accept it.** Once completed, return all original forms to the Personnel Office.

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



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\_\_\_\_\_  
Date

\_\_\_\_\_  
Previous Texas 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 send the following items to my home address as listed below:

1. Original Transcripts
2. Original Service Records

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Teacher's Address City, State, Zip

# Verification of Accreditation Status



Office of Educator Certification

Last Name	First Name	Initial
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Social Security Number
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### 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
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### 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?	<input type="radio"/> Yes	<input type="radio"/> No
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If Yes, please provide the name of the governmental unit
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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?	<input type="radio"/> Yes	<input type="radio"/> No
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If Yes, please provide the name of the accrediting agency or governmental unit
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3. Is this a Public or Private School?	<input type="radio"/> Public	<input type="radio"/> Private
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We appreciate your cooperation in completing this form at your earliest convenience.

Name of Institution
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Signature of Person completing form	Title of Person Signing
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**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.**



**TEACHER SERVICE RECORD**  
FOR VERIFICATION OF SERVICE IN A TEXAS PUBLIC SCHOOL

Name \_\_\_\_\_  
(Last) (First) (Middle I)  
**Please print or type**

Social Security No. \_\_\_\_\_

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

(1) School Year	(2) State	(3) County	(4) School District	(5) Post Held	(6) Pay Step	(7) Years of Exper.	(8) % of Day Emp.	(9) No. Days Emp.	(10) Dates of Service			(11) State Sick Leave Program State Personal Leave Program				(12) Authorized Signature
									From Mo. Day Yr.	To Mo. Day Yr.	(a) Prior Year Balance	(b) Earned	(c) Used	(d) End-of-Year Balance		
												(a)				
												(b)				
												(a)				
												(b)				
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Title of Official