



Department of Human Resources

District Service Center • 12440 Rojas Dr. • El Paso, Texas 79928-5200 • Phone 915-937-0000 • Fax 915-858-8708 • www.sisd.net

FOR PUBLIC OUT OF STATE SERVICE

TO: NEW PERSONNEL
FROM: PERSONNEL DEPARTMENT
SUBJECT: VERIFICATION OF TEACHING EXPERIENCE

Previous teaching experience must be verified on the Teacher Service Record Form. 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 Socorro 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 a minimum amount of 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 TEA for verification.

Please complete the form showing your full name, social security number and fill in Columns 1 through 5. See instructions on the sample form for assistance in the correct manner to complete the form. Please note, no more than one year of experience can be shown per line.

Mail this form and the sample form to the school district where you previously taught for completion of Columns 6 – 9. The Superintendent's, or an authorized representative's, signature and title must be placed in Column 9. Have this form returned to you. Once you have returned the form, you will need to sign it before HR can accept it for consideration towards teaching experience.

Your submission must be an original record. No photocopies, faxes or electronic records will be accepted. A copy of your Certification or License showing full certification will also need to be submitted to HR with this service record. Should you have any questions, please contact the Service Records Specialist at 915.937.0231.

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 Socorro Independent School District for the current school year.
My employment years with your district were _____.

Please complete the enclosed forms and send to my home address as shown below.

Thank you,

Signature

Teacher's Address City, State, Zip

Verification of Accreditation Status



Office of Educator Certification

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. For public schools, colleges and universities, the country's Department of Education is the organization official stamp.



TEACHER SERVICE

RECORD

LAST _____ FIRST _____ MI _____

TEA ID NUMBER _____

SIGNATURE OF TEACHER _____

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