



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 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 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 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**. 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 and your service record 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, make a copy for your records and return or mail all original forms to our Human Resources office located at 12440 Rojas Drive, El Paso, Texas 79928.

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 with this service record. Should you have any questions, please contact the Service Records Specialist at 915.937.0231.

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

Please forward my original service record 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?	<input type="radio"/> Yes	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> No
--	---------------------------	--------------------------

If Yes, please provide the name of the accrediting agency or governmental unit
--

3. Is this a Public or Private School?	<input type="radio"/> Public	<input type="radio"/> 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 State Sick Leave Program				11 Authorized Signature, Title, & Organization Official Stamp	
								From	To	(A) (b)	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