Verification of Accreditation Status



Office of Educator Certification

Last Name	First Name	Initial
TEA ID Number		
Employment Information		
One of our employees has indicated previous er	nnlovment with your institution	n. The information
requested below is needed to determine wheth		
increment purposes. To assist us in our evaluation		
Previous Employment From	Previous Employment To	
Institution Information		
Was this institution during the school year(s)	indicated above operated	
by or under the jurisdiction of a government		
this institution is located?	ar and in the state in which	○ No
If Yes, please provide the name of the government	ental unit	
2. Was this institution during the school year(s)	indicated above accredited by	~
a United States regional accrediting agency of	or by the state or national	() Yes
government in which this institution is locate		○ No
If Yes, please provide the name of the accrediting	ng agency or governmental uni	t
2. lastica Daliia and Direct C. lastic		
3. Is this a Public or Private School?		Public
		Private
We appreciate your cooperation in completing t	his form at your earliest conve	nience.
Name of Institution		
Signature of Person completing form	Title of Person Signing	
The organization's official stamp must be included or reported. For public schools, colleges and universities		

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organization official stamp.

FIRST LAST

HER SERVICE

RECORD

SIGNATURE OF TEACHER

TEA ID Number

TEACH		 	
E	XA	J.	
MI			

_								
	11	Authorized Signature						
	10	Indicate if a full semester, if less than	90 days		22			
	6	Dates of Service rom To Day/Yr Mo/Day/Yr						
		Dates of From Mo/Day/Yr						
	00	No. Days Emp.						
	7	% of Day Emp.						
	ဖ	Years of Exp.						
3	2	Position Held						
	4	School District Or Institution (Indicate public or private)		-				
	က	County Or Equivalent						
	2	State Or Country						
	-	School						п

Note: Instructions on Back

(For experience to be considered for the current year salary palcement, this form MUST be received in Human Resources no later than your last work day of the current school year.)

FIN 115

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

-	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.
7	State or Country	Enter state or territory of USA. Enter name of foreign nation if applicable.
	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).
v.	Position Held	Enter position held (e.g., teacher, substitute, bus driver, etc.)
9	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.
∞ં	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.	<u>Indicate if a full semester</u> <u>If less than 90 days</u>	Enter full semester if it was a full semester that was less than 90 days.
Ξ:	11. Authorized Signature and Title	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 be 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.

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

Note: