



To: Whom It May Concern:

Under Texas law, in order for a teacher to be paid promptly for years of teaching experience, the enclosed forms must be fully completed.

Please fill in all columns on the Teacher Service Record form except the State Sick Leave Program column, using a separate line for each year of service and affixing the signature of the certifying official on each line. No DITTO marks are allowed by Texas law. If you are unclear on how to complete the form, please refer to the instructions on the back of the Teacher Service Record.

The Verification of Accreditation Status form will also need to be completed and signed.

Mail the completed forms back to Irving Independent School District at the address below.

If you have any questions please contact the Irving ISD Human Resources Office at 972 600-5225.

Thank you for your help completing the forms.

Human Resources Department

PO Box 152637

Irving, TX 75015-2637



TEACHER SERVICE

RECORD

LAST FIRST MI

SOCIAL SECURITY 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) State Personal Leave Program	(b) Prior Year Balance	Earned	Used		End-of-Year Balance
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
										(a)					
										(b)					
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										(a)					
										(b)					

Note: Instructions on Back

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, CTR 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 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. 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.

Verification of Accreditation Status



Office of Educator Certification

Last Name	First Name	Initial
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TEA ID 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
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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

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.