



100 North University Drive, Ste. 130 NW, Section F ♦ Fort Worth, TX 76107-1360  
♦ 817/871-2205 ♦ FAX 817-871-2437 ♦ [marva.elliott@fwisd.org](mailto:marva.elliott@fwisd.org)

Dear Employee:

This **Service Record Packet** is provided to assist you in documenting previous work experience. Depending on the system for which you are requesting credit (public or private schools, college or universities and/or private businesses (industry), follow one of the criteria below to document your school experience. **Please do not fax or email these documents.**

**A. For experience in Texas Public Schools, submit:**

1. Official service record form (FIN-115)
2. Accreditation statement

**B. For experience in Texas private schools, out-of-state public/private schools submit:**

1. Accreditation Statement
2. Official service record form (FIN-115)
3. Verification of Experience for Private Schools and/or Out-of-State Public Schools

**C. For experience in out-of-country schools-read carefully and submit as indicated:**

The employee must contact the Department of Education or the higher education authority of the country where the work was performed and request a letter with the following information (letter must be on their Dept of Education letterhead or appropriate higher education authority):

1. The name of the school, college or university;
2. The location of the school (city, country, etc);
3. The school status (public or private);
4. The institution's accreditation status from the department of education or higher education authority of that country;
5. The years of accreditation for that school (from 00/00/0000 to 00/00/0000);
6. A copy of the rules, regulations and standards concerning the accreditation procedures between the department of education (or higher education authority) and the private schools or colleges/universities of that country. This information must be in the official language of that country and an official English translation as well.
7. The signature of the official authorized to sign the document, including printed name and title of position;
8. The official stamp of the Dept of Education or higher education authority;
9. Contact information for the public official completing the information to include telephone and fax number, and email address.

***Copies submitted from original documents must be notarized by the institution or business in which the work was performed.*** Your prompt action in securing this information will ensure you receive proper credit for your experience in this current year. When the previous employer returns the forms to you, photocopy all documents for your records before submitting to our office. To avoid delay in processing this information, be sure you have submitted the correct forms based on the information above. **Please deliver in person to the Compensation Department of Business and Finance Management at the Fort Worth Independent School District, 100 N. University Drive, Ste. 130 NE, Fort Worth, TX 76107 (Section "F").**

**You are solely responsible for requesting this experience from your previous employer and providing the documents to Compensation in a timely manner.** Thank you for your cooperation.

Sincerely,

Hank Johnson, CFO  
Business and Finance Management  
/meh

**Fort Worth Independent School District  
Compensation Department/Business and Finance Management  
100 N. University Drive, Suite 130A  
Fort Worth, TX 76107**

**ACCREDITATION STATEMENT**

Please verify the employment of \_\_\_\_\_.  
(SS#) \_\_\_\_\_ for the school year(s) \_\_\_\_\_.

The employee above indicated previous employment with your institution. The information requested below is needed to determine whether the experience accrued may be counted under our current salary law. To assist us with our evaluation, we respectfully request that you answer the following questions:

**1. Was this institution during the year(s) indicated operated by or under the jurisdiction of a governmental unit in the state or country in which it was located?**

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, the name of the governmental unit was: \_\_\_\_\_

**2. Was the institution during the year(s) indicated accredited or approved by a United States regional accrediting agency or by the state of national government in which the institution was located?**

<small>TEA APPROVED REGIONAL ACCREDITING AGENCIES (A) SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS; (B) MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS; (C) NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS; (D) NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES; (E) WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES; (F) NORTHWEST ASSOCIATION OF SCHOOLS AND COLLEGES; (G) COMMISSION ON INTERNATIONAL AND TRANS-REGIONAL ACCREDITATION; (H) INTERNATIONAL BACCALAUREATE ORGANIZATION; (I) EUROPEAN COUNCIL OF INTERNATIONAL SCHOOLS/COUNCIL OF INTERNATIONAL SCHOOLS; AND (J) NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION.</small>
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\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, the name of the accrediting/approval agency or governmental unit was \_\_\_\_\_.

The effective date of such accreditation or approval was \_\_\_\_\_.  
(ORIGINAL APPROVAL YEAR)

**3. Is this a public or private school?** \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Name of Institution



**Fort Worth Independent School District  
Compensation Department/Business and Finance Management  
100 N. University Drive, Suite 130A  
Fort Worth, TX 76107**

**For Verification of Experience in Private Schools,  
Out-of-State Public Schools, or Out-of-Country Schools**

Please verify the employment of \_\_\_\_\_  
SS# \_\_\_\_\_ for the school year(s) \_\_\_\_\_. The  
employee above indicated previous employment with your institution. The information requested  
below is needed to determine whether the experience accrued may be counted under our current  
salary law. To assist us with our evaluation, we respectfully request that you answer the following  
questions:

- 1. Was this person employed at the faculty status level or as an administrator on a full-time basis each academic year (not as a student assistant, teaching fellow, etc.)?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Other position:** \_\_\_\_\_

- 2. Did the schedule of work during each academic year constitute that required of other similar faculty employees?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- 3. Was the salary paid during each academic year equal to that of other similar faculty or administrative personnel?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Please - Print School Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Title



**Fort Worth Independent School District**  
**Compensation Department/Business and Finance Management**  
**100 N. University Drive, Suite 130A**  
**Fort Worth, TX 76107**

**Verification of Experience in Colleges or Universities (Full-time)**

Please verify the employment of \_\_\_\_\_,  
SS# \_\_\_\_\_ for the school year(s) \_\_\_\_\_. The employee  
above indicated previous employment with your institution. The information requested below is  
needed to determine whether the experience accrued may be counted under our current salary law.  
To assist us with our evaluation, we respectfully request that you answer the following questions:

- 1. Was this person employed at the faculty status level or as an administrator on a full-time basis each academic year (not as a student assistant, teaching fellow, etc.)?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Other position:** \_\_\_\_\_

- 2. Did the schedule of work during each academic year constitute that required of other similar faculty employees?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- 3. Was the salary paid during each academic year equal to that of other similar faculty or administrative personnel?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Please - Print School Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Title



**Fort Worth Independent School District**  
**Compensation Department/Business and Finance Management**  
**100 N. University Drive, Suite 130A**  
**Fort Worth, TX 76107**

**Verification of Experience in Colleges or Universities (*Part-time*)**

Please verify the employment of \_\_\_\_\_, SS# \_\_\_\_\_ for the school year(s) \_\_\_\_\_. The employee above indicated previous employment with your institution. The information requested below is needed to determine whether the experience accrued may be counted under our current salary law. To assist us with our evaluation, we respectfully request that you answer the following questions:

1. Was this person employed either at the faculty status level or as an administrator during each academic year (*not as a student assistant, teaching fellow, etc.*)?

\_\_\_\_ Yes

\_\_\_\_ No

Other position: \_\_\_\_\_

2. Was the schedule of work during each academic year equivalent to full-time employment for the same position?

\_\_\_\_ Yes

\_\_\_\_ No

3. Was the salary paid during each academic year equivalent to a full-time contract for the same position?

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_\_  
Please - Print School Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Title

