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| **Educator Information** | | | | |
| Last Name | First Name | | | Initial |
| TEA ID Number | | | | |
| **Employment Information** | | | | |
| One of our employees has indicated previous employment with your institution. The information requested 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** | | | | |
| Name of Institution | | | | |
| 1. Was this institution during the school years indicated above **operated** by or under the Yes   jurisdiction of a governmental unit in the state in which this institution is located? No | | | | |
| If Yes, please provide the name of the governmental unit | | | | |
| 1. Was this institution, during the school years indicated above, **accredited** by Yes   a United States accrediting agency recognized by the U.S. Department of Education No  or by the state or national government in which this school is located? | | | | |
| If Yes, please provide the name of the accrediting agency and/or governmental unit | | | | |
| 3. Is this a public or private school? Public  Private | | | | |
| 1. If the school is operated on the British system please indicate Government   government or public school. Public | | | | |
| Signature of authorized official | | | | Title and Name of Authorized Official (print) | |

Stamp/Seal

The organization’s official stamp must be included on the form if service from outside of the United States is reported. For public schools the country's Department of Education is the organization official stamp