



Tomball Independent School District

Our Children are the Promise of Our Future

James Baker
Director Human Resources

TO: NEW PERSONNEL

FROM: HUMAN RESOURCES

SUBJECT: **VERIFICATION OF PARAPROFESSIONAL EXPERIENCE**

It is the responsibility of the paraprofessional to provide verification of all part- and/or full-time experience earned outside of Tomball Independent School District on forms provided by the 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 paraprofessional position for at least 90 full-time days or 180 part-time days for experience to be acceptable for salary credit. Please follow these steps:

1. Complete the Service Record Request form showing your full name and social security number.
2. Mail the Service Record Request, Verification of Accreditation Status, and Paraprofessional Service Record Forms to the Human Resources Department of each school district where you last worked.
3. Please have the records **returned to you**.
4. **Upon receipt**, 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.**
5. Once verified and signed, submit all original service record forms to the Human Resources department.

Should you have any questions, please contact the Human Resources Department at (281) 357-3100.



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SERVICE RECORD REQUEST

Date

School District

Address

City, State, Zip

Re: _____
Name

Social Security Number

To Whom It May Concern:

I have been employed by Tomball Independent School District for the current school year. My dates of employment with your district were _____.

Please send the following items to me at the address as listed below:

1. Educational Aide/Paraprofessional Certificate
2. Original Transcripts
3. Original Service Records

Thank you.

Signature

Teacher's Address, City, State, Zip



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VERIFICATION OF ACCREDITATION STATUS

NAME: _____

SSN: _____

The individual named above is a current employee of the Tomball Independent School District and has indicated previous employment with your institution during the following year(s) _____. The information requested below is needed to determine whether the experience being claimed may be counted under our current nursing salary law. To assist us in our evaluation, we respectfully request that the following questions be answered:

- Was the institution during the year(s) indicated above operated by or under the jurisdiction of a governmental unit of the state or country in which it is located? Yes _____ No _____

If yes, the name of the governmental unit was _____

- Was the institution during the year(s) indicated above accredited or approved by a United States Regional Accrediting Agency or by the State or National government in which the institution is located? Yes _____ No _____

If yes, what is the name of the accrediting or approving agency or governmental unit?

- Is this a public or private school?

Public _____ Private _____

We appreciate your cooperation in completing this form at your earliest convenience.

Signature of person completing this form

Printed name and title

Facility or Institution Name and Phone Number

Instructions for Completing Form

(All columns must be completed unless otherwise indicated)

1. School Year – Corresponds to the school term or scholastic school year (September 1 – August 31) that 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. Enter APO of Department of Defense (DOD) Schools and names of sub-territories of foreign nations.
4. School District or Institution – Enter name of public school districts and names of private schools and other institutions. Give sufficient information in this column to identify the school for accreditation purposes.
5. Enter job title – Enter PARA for paraprofessional, SECY for secretary, TEACH for teacher, and ADMN for administrator.
6. % of Days Employed – Enter percentage of the school day employee is employed. Full day is reported as 100%, one-half day is reported as 50%.
7. No. of Days – Enter the number of days employed during the school term for public schools and private schools. Enter number of days employed during the scholastic school year (Sept. 1 – August 31) for colleges/universities. An employee must have served in an education position for at least 90 full-time days or 180 part-time days for experience to be acceptable for salary credit. **We will not be able to accept the service record without this column completed.**
8. Dates of Service – Enter beginning and ending dates of employment in the school term or scholastic school year.
9. Only Authorized Signatures Acceptable – Each line on the record must be verified by the signature and title (in ink) of an authorized official of the school system involved. 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.

*This is a legal document: erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable.

See Sample on Reverse Side



PARAPROFESSIONAL SERVICE RECORD
FOR VERIFICATION OF SERVICE IN AN ACCREDITED SCHOOL DISTRICT

Name _____
(Last) (First) (Middle I)
Please print or type

Social Security No. _____

Written Signature of Paraprofessional _____

USE A SEPARATE LINE FOR EACH SCHOOL YEAR. This is a legal document: erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable.

(1) School Year	(2) State	(3) County	(4) School District	(5) Job Title	(6) % Day Employed 50% = half day 100% = full day	(7) No. Days Worked	(8) Beginning Work Date Mo. Day Yr.			Ending Work Date Mo. Day Yr.			(9) Signature of Superintendent, trustee, or personnel administrator (each line)

Please State Title



Name Gonzales Lucia J.
(Last) (First) (Middle I)

Please print or type

Social Security No. XXX-XX-XXXX

Lucia Gonzalez
Written Signature of Paraprofessional

PARAPROFESSIONAL SERVICE RECORD
FOR VERIFICATION OF SERVICE IN AN ACCREDITED SCHOOL DISTRICT

USE A SEPARATE LINE FOR EACH SCHOOL YEAR. This is a legal document: erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable.

(1) School Year	(2) State	(3) County	(4) School District	(5) Job Title	(6) % Day Employed 50% = half day 100% = full day	(7) No. Days Worked	(8) Beginning Work Date Mo. Day Yr. Ending Work Date Mo. Day Yr.		(9) Signature of Superintendent, trustee, or personnel administrator (each line)
2011-12	OH	Trumbull	Warren City Schools	SECY	50%	187	8/15/2011	5/31/2012	D. Villareal Asst. Director, HR
2010-11	OH	Trumbull	Warren City Schools	PARA	100%	187	8/12/2010	5/26/2011	D. Villareal Asst. Director, HR
2009-10	OH	Trumbull	Warren City Schools	PARA	100%	187	8/13/2009	5/27/2010	D. Villareal Asst. Director, HR
2008-09	OH	Trumbull	Warren City Schools	PARA	100%	187	8/17/2008	6/2/2009	D. Villareal Asst. Director, HR
2007-08	OH	Trumbull	Warren City Schools	PARA	100%	187	8/14/2007	5/30/2008	D. Villareal Asst. Director, HR
2006-07	OH	Trumbull	Warren City Schools	PARA	100%	187	8/16/2006	6/1/2007	D. Villareal Asst. Director, HR

SAMPLE

Please State Title