

Brian J. Moersch

Chief of Staff
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Under TEXAS law and in order for a teacher to be paid promptly, the attached service record must be fully completed.

Please use a separate line for each year of service.

The certifying official will sign on each line. The signature of the certifying official must be that of the Superintendent, a trustee, or the authorized designee appointed for certifying records.

Ditto marks or rubber signatures are not allowed on the official teacher service record. Original signatures by the certifying official are required on this State Record.

Thank you for helping us maintain accurate service records.

A handwritten signature in blue ink that reads 'Brian J. Moersch'.

Brian J. Moersch
Chief of Staff
Ector County Independent School District
P.O. Box 3912
Odessa, Texas 79760-3912



VERIFICATION OF ACCREDITATION STATUS

Name: _____

SSN: _____

ONE OF OUR EMPLOYEES HAS INDICATED PREVIOUS EMPLOYMENT WITH YOUR INSTITUTION DURING THE SCHOOL YEAR(S) _____. THE INFORMATION REQUESTED BELOW IS NEEDED TO DETERMINE WHETHER THE EXPERIENCE BEING CLAIMED MAY BE COUNTED UNDER OUR CURRENT DISTRICT AND STATE TEACHER SALARY LAW. TO ASSIST US IN OUR EVALUATION, WE RESPECTFULLY REQUEST THAT THE FOLLOWING QUESTIONS BE ANSWERED:

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 IT IS LOCATED? _____Yes _____No

- IF YES, THE NAME OF THE GOVERNMENTAL UNIT WAS:

2. WAS THIS INSTITUTION DURING THE SCHOOL YEAR(S) INDICATED ABOVE ACCREDITED BY A UNITED STATE REGIONAL ACCREDITING AGENCY OR BY THE STATE OR NATIONAL GOVERNMENT IN WHICH THIS INSTITUTION IS LOCATED? _____Yes _____No

- IF YES, THE NAME OF THE ACCREDITING OR GOVERNMENTAL UNIT WAS:

WE APPRECIATE YOUR COOPERATION IN COMPLETING THIS FORM AT YOUR EARLEIST CONVENIENCE.

SIGNATURE OF PERSON COMPLETING FORM

TITLE

INSTITUTION