## **Verification of Accreditation for Salary Increment Purposes**



Educator Information		
Last Name	First Name	Initial
TEA ID Number		
Employment Information		
One of our employees has indicated previous employmeneeded to determine whether the experience may be clearally and 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 <b>operated</b> by or under the jurisdiction of a governmental unit in the state in which this institution is located?		Yes No
If Yes, please provide the name of the governmental uni	t.	
2. Was this institution, during the school years indicated above, <b>accredited</b> by a United States accrediting agency recognized by the U.S. Department of Education or by the state or national government in which this school is located?		Yes No
If Yes, please provide the name of the accrediting agence	y and/or governmental unit.	
3. Is this a public or private school?		Public Private
4. If the school is operated on the British system please in public school.	ndicate government or	Government 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.