

HOUSTON INDEPENDENT SCHOOL DISTRICT  
**Human Resources, Attn: Service Records**  
4400 West 18th Street • Houston, Texas 77092  
Phone: 713-556-7325 • Fax: 713-556-7384

**COLLEGE VERIFICATION FORM**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

We find it necessary to verify the employment of the above-named person during the academic year(s)\_\_\_\_\_. This information is needed to determine whether the experience may be counted for salary purposes under our current teacher-salary law. To assist us in our evaluation, we request that the following questions be answered relative to the person's employment.

1. What were the beginning and ending dates of employment during each academic year?  
Please show each academic year on a separate line.

FROM: \_\_\_\_\_  
(month - day - year)

TO: \_\_\_\_\_  
(month - day - year)

FROM: \_\_\_\_\_  
(month - day - year)

TO: \_\_\_\_\_  
(month - day - year)

2. Was this person employed either at the faculty-status level or as an administrator during each academic year (not a graduate assistant, an assistant instructor, or an instructor on a fellowship)?

\_\_\_\_\_

3. Did the schedule of work during each academic year constitute that required of other similar employees?

\_\_\_\_\_

4. Was the salary paid during each academic year equal to that of other similar faculty or administrative Personnel?

\_\_\_\_\_

Signature of school official: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_