## **Fort Worth Independent School District**

Compensation & Employee Records 100 N. University Drive Fort Worth, TX 76107

## Verification of Experience in Colleges or Universities (Full-time).

Please verify th	e employment of _		
The employee a needed to dete us with our eva	above indicated pro rmine whether the luation, we respec rson employed eit	evious employmen experience accrue tfully request that her at the faculty s	ear(s)  t with your institution. The information requested below is ed may be counted under our current salary law. To assist you answer the following questions:  status level or as an administrator on a part-time basis sistant, teaching fellow, etc.)?
	/es	No	
If yes, the r	name of the goverr	nmental unit was: _	·
2 Did the sche faculty emp		ng each academic	year consistent with the work performed by other similar
Y	es	No	
3. Was the sala personnel?	ary paid during ead	ch academic year e	equal to that of other similar faculty or administrative
Y	es	No	
Signature of Authorized Official			Title and Name of Authorized Official (print
Date	Telep	hone #	Name of Institution
 E-mail			

Stamp/Seal

The organization's official stamp must be included on the form if service from outside of the United States is reported.

