Teacher Service Record

Date: _____

For Foundation School Program Act MI Last First Social Security Number **Humble Independent School District** 20200 Eastway Village Dr. Signature of Teacher P.O. Box 2000 • Humble, Texas 77347 (281) 641-8170 • FAX: (281) 641-1057 School State or County or School District % of Day School No. Days Dates of Service Only Authorized Employed Employed Year Country Equivalent or Institution Grade(s) From To Signatures Accepted Taught (No Rubber Stamps or Ditto) School District address _____ City, State, Zip _____ Check One: Public School Under Texas law, in order for this teacher to be paid promptly, Private School this form must be fully completed Accredited by:_____ Please fill in the date of employment, using a separate line for each year of service and affixing the signature and title of the certifying official on each line. NO DITTO marks are allowed. Enter beginning and ending dates of

employment in the school term or scholastic school year. If the service is a

full semester, please indicate this above.