



**ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE) FOR  
**CREDENTIALLED TEACHERS**  
 2011-12 EMPLOYMENT COMPLIANCE VERIFICATION FORM Fax: 916-464-8240**

**SECTION I: TO BE COMPLETED BY PARTICIPANT (PRINT OR TYPE)**

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

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NO, I did not provide eligible teaching service for the 2011-12 school year. Please explain below:  
 \_\_\_\_\_

YES, I provided eligible teaching service in my designated area for the 2011-12 school year at the following school:

Full School Name	County	School District
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I hereby authorize a school official to complete and release the information below to qualify me for APLE benefits.  
**(Submit to your school employment office or principal to complete Section II).**

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY SCHOOL OFFICIAL (PRINT OR TYPE)**

1. Did the participant teach at a school ranked in the lowest 2 percent deciles on the Academic Performance Index (API)? Yes  No

2. Did the participant above provide full-time teaching service for the 2011-12 school year?

YES, the participant was teaching at 100% of full-time for the 2011-12 school year.

NO, the participant was not teaching at 100% of full-time for the 2011-12 school year, but did teach **part-time** at the following percentages, as it relates to full-time teaching based on 175 teaching days per school year:

Total Part-Time Teaching \_\_\_\_\_ %

3. In which grade levels did the participant teach?

General Elementary, grade: \_\_\_\_\_  Middle School, grade: \_\_\_\_\_  High School, grade: \_\_\_\_\_

In which of the following subject areas did the participant provide eligible teaching service:

► Select all subject areas taught for each term:

FALL TERM:  Education Specialist  Low Performing (lowest 2 deciles on API)  
 Mathematics  
 Science (Life/Physical)

SPRING TERM:  Education Specialist  Low Performing (lowest 2 deciles on API)  
 Mathematics  
 Science (Life/Physical)

By my signature, I hereby declare that the above information is true as is reflected on current official school records.

PRINT/ TYPE NAME OF OFFICIAL	SIGNATURE	PHONE NUMBER (EXT)	DATE
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ADDRESS	COUNTY	SCHOOL DISTRICT	CDE CODE
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Return To:  
 California Student Aid Commission  
 APLE For Credentialed Teachers – Cheryl Phelps  
 P.O. Box 419029  
 Rancho Cordova, CA 95741-9029

**For Commission Use Only:**  
 Reviewer Initials: \_\_\_\_\_  
 Date Keyed: \_\_\_\_\_