



ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2009-10 TEACHER EMPLOYMENT VERIFICATION FORM

Phone: 1-888-224-7268 #3 Email: aple@csac.ca.gov

SECTION I: TO BE COMPLETED BY PARTICIPANT

NAME (Print or Type): SSN:

MAILING ADDRESS:

EMAIL: PHONE:

NO, I did not provide eligible teaching service for the 2009-10 school year. Please explain below:

YES, I provided eligible full-time teaching service in my designated area for the 2009-10 school year at the following school:

Full School Name County School District

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

- 1. Did the participant above provide full-time teaching service for the 2009-10 school year? YES, the participant was teaching at 100% of full-time for the 2009-10 school year. NO, the participant was not teaching at 100% of full-time for the 2009-10 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 %

- 2. In which grade levels did the participant teach? General Elementary, grade: Middle School, grade: High School, grade:
3. In which of the following areas did the participant provide full-time instruction? Select all subject areas taught for the year: Self-Contained - All Subjects, Science (Life/Physical), Agriculture, Reading Specialist, Foreign Language, Mathematics/Computer Education, Business, English, Special Education, Music, Other:

4. Will the participant be teaching the next academic year at the current school? YES NO

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

ADDRESS COUNTY SCHOOL DISTRICT CDE CODE

Return To: California Student Aid Commission Specialized Programs Operations Branch - APLE P.O. Box 419029 Rancho Cordova, CA 95741-9029

For Commission Use Only: Reviewer Initials: Date Keyed: