



ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2010-11 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 2010-11 school year. Please explain below:

YES, I provided eligible full-time teaching service in my designated area for the 2010-11 school year at the following school:

Full School Name [ASAM School? Circle Yes or No] 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 2010-11 school year?

YES, the participant was teaching at 100% of full-time for the 2010-11 school year.

NO, the participant was not teaching at 100% of full-time for the 2010-11 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

SCHOOL NAME [ASAM School? Circle Yes or No] COUNTY SCHOOL DISTRICT CDE CODE (Last 7-Digits)

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: