



ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2013-14 TEACHER EMPLOYMENT VERIFICATION FORM

Phone: 1-888-224-7268 #4 E-Fax: 916-464-7521 Email: studentsupport@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 2013-14 school year. Please explain below:

[ ] YES, I provided eligible full-time teaching service in my designated area for the 2013-14 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 2013-14 school year?

[ ] YES, the participant was teaching at 100% of full-time for the 2013-14 school year.

[ ] NO, the participant was not teaching at 100% of full-time for the 2013-14 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) [ ] Industrial Arts [ ] Reading Specialist
[ ] Foreign Language [ ] Mathematics/Computer Education [ ] English (Drama and Humanities)
[ ] Special Education [ ] Social Science [ ] 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

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