



**ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2014-15 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 **2014-15** school year. Please explain below:

YES, I provided eligible full-time teaching service in my designated area for the **2014-15** school year at the following school:

Full School Name [ASAM School? Circle Yes or No]	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

1. Did the participant above provide full-time teaching service for the 2014-15 school year?

YES, the participant was teaching at 100% of full-time for the 2014-15 school year.

NO, the participant was not teaching at 100% of full-time for the 2014-15 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:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Self-Contained – All Subjects | <input type="checkbox"/> Science (Life/Physical) | <input type="checkbox"/> Industrial Arts | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Mathematics/Computer Education | <input type="checkbox"/> English (Drama and Humanities) | |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Social Science | <input type="checkbox"/> 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
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SCHOOL NAME [ASAM School? Circle Yes or No]	COUNTY	SCHOOL DISTRICT	CDE CODE (Last 7-Digits) (Example: xx-xxxxx-1234567)
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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: _____