



**ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)  
2015-16 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 **2015-16** school year. Please explain below:  
\_\_\_\_\_

**YES**, I provided eligible full-time teaching service in my designated area for the **2015-16** school year at the following school:

<b>Full School Name</b> [ASAM School? Circle Yes or No]	<b>County</b>	<b>School District</b>
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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 2015-16 school year?**

**YES**, the participant was teaching at 100% of full-time for the 2015-16 school year.

**NO**, the participant was not teaching at 100% of full-time for the 2015-16 school year, but did teach **part-time** for the following percentage, 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: 00-00000-1234567)
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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: \_\_\_\_\_