

ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2005/2006 EMPLOYMENT COMPLIANCE VERIFICATION FORM

NAME: _____

STATUS CODE: 1500

TEACHING AREA: _____

SCHOOL NAME: _____

YES, I have a name, mailing address or telephone number update. (please print or type below)

YES, I changed schools from the 2004/2005 school year, to the 2005/2006 school year. (If yes, please identify below)

SCHOOL NAME

SCHOOL ADDRESS

DISTRICT

COUNTY

SECTION I: TO BE COMPLETED BY PARTICIPANT

1. **NO**, I did not provide eligible full-time teaching service in my designated area during the 2005/2006 school year. (please explain why below)

2. **YES**, I provided eligible full-time teaching service in my designated area during the 2005/2006 school year. I hereby authorize a school official to complete and release the information below to qualify me for APLE benefits.

PARTICIPANT SIGNATURE: _____ SSN _____ - _____ - _____ DATE: _____

SECTION II: TO BE COMPLETED BY SCHOOL OFFICIAL

1. Did the participant provide a **year of full-time teaching service** during the school year 2005/2006?

YES NO (if no, please explain) _____

2. Did the participant provide service as a Special Education teacher?

YES – Area of Specialization _____ NO

3. In which of the following grade levels did the participant provide full-time instruction:

General Elementary, grade: _____ Middle School, grade: _____ High School, grade: _____

4. In which of the following areas did the participant provide full-time instruction:

► Select all subject areas taught for each term:

FALL TERM: Self-Contained – All Subjects Reading Specialist Bilingual Education English Music
 Science (Life/Physical) Foreign Language Mathematics Other: _____

SPRING TERM: Self-Contained – All Subjects Reading Specialist Bilingual Education English Music
 Science (Life/Physical) Foreign Language Mathematics Other: _____

5. Do you anticipate the participant will be employed by your school district for the upcoming 2006/2007 school year?

YES NO

By my signature, I hereby declare that the above information is true as is reflected on current official school records.

SIGNATURE OF PRINCIPAL/SCHOOL OFFICIAL

PRINT/ TYPE NAME OF OFFICIAL

PHONE NUMBER / DATE

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:
CALIFORNIA STUDENT AID COMMISSION
SPECIALIZED PROGRAMS OPERATIONS BRANCH – APLE
P.O. BOX 419029, RANCHO CORDOVA, CA 95741-9029
TELEPHONE: (888) 224-7268 #3 / FAX (916) 526-7977

