



**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:

**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 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:  
 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)  
(Example: 00-00000-1234567)

**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: \_\_\_\_\_