



**ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2016-17 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 **2016-17** school year. Please explain below:

YES, I provided eligible full-time teaching service in my designated area for the **2016-17** 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 2016-17 school year?
 YES, the participant was teaching at 100% of full-time for the 2016-17 school year.
 NO, the participant was not teaching at 100% of full-time for the 2016-17 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: _____