

CALIFORNIA STUDENT AID COMMISSION

SPECIALIZED PROGRAMS OPERATIONS BRANCH

P.O. BOX 419029

RANCHO CORDOVA, CA 95741-9029



January 9, 2018

**SUBJECT: 2017-18 State Nursing Assumption Program of Loans for Education
for Nursing Faculty (SNAPLE NF)****Employment Compliance Verification Form**

Dear SNAPLE Recipient:

Thank you for participating in the State Nursing Assumption Program of Loans for Education for Nursing Faculty program (SNAPLE NF) for the 2017-18 academic year. As a SNAPLE NF participant, you may qualify for loan assumption benefits if you have taught nursing for a full academic year or an eligible part-time equivalent.

Please complete and return the enclosed 2017-18 SNAPLE NF Employment Compliance Verification Form to the California Student Aid Commission after your employer has completed Section II on the form.

SNAPLE NF 2017-18 Employment Compliance Verification Form (Employment Form) –

- If you have provided teaching service for 2017-18 academic year, complete the top part of the Employment Form and Section I.
- Section II must be completed by your employer at the college or university where you were employed.
- If you did not provide eligible teaching service for the 2017-18 academic year, please complete the top part of the Employment Form. Under Section 1, check "NO," and provide your reason(s) for not providing eligible teaching service.

You will be notified through email after the payment is sent to your lender. If you have any questions, please contact Specialized@csac.gov

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ATTN: SNAPLE NF

P.O. BOX 419029

RANCHO CORDOVA, CA 95741-9029

FAX: 916-464-8004 or E-MAIL: Specialized@csac.gov

STATE NURSING ASSUMPTION PROGRAM OF LOANS FOR EDUCATION FOR NURSING FACULTY (SNAPLE NF) 2017-18 EMPLOYMENT VERIFICATION FORM



NAME: _____ EMPLOYMENT START DATE: _____

SCHOOL NAME: _____

SECTION I: TO BE COMPLETED BY PARTICIPANT

Please update name, mailing address, city, state, zip code, email address or phone number. (Please print or type below)

I have changed schools from 2016-17 academic year to 2017-18 academic year. (If yes, please identify the new school below & start date)

SCHOOL NAME _____ START DATE _____

SCHOOL ADDRESS _____ CITY _____ STATE _____ ZIP _____

NO, I did not provide eligible full-time teaching service for 2017-18 academic year. (Please explain the reason you did not provide full time teaching) and then return this form to the California Student Aid Commission)

YES, I provided eligible full-time teaching service for 2017-18 academic year. I hereby authorize my employer to complete and release the information indicated below to verify my employment for SNAPLE NF benefits. (Please submit this form to your employer to complete Section II)

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

SECTION II: TO BE COMPLETED BY EMPLOYER

1. Did the participant provide **full-time teaching service** for 2017-18 academic year? **YES** **NO**
(If no, please explain)

2. If the participant is an adjunct / part-time faculty member, please indicate at what percentage of each academic term the participant provided for your institution during the 2017-18 academic year. (Example: Fall-50%, Spring: 25%)
 Fall: _____ Winter: _____ Spring: _____

3. Is the participant currently employed by your school? **YES** **NO**

4. Is your school a semester or quarter school _____

5. Is your school regionally accredited? **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 _____ EMAIL _____

PLEASE RETURN THIS FORM TO:

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