



ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE)
2020-21 TEACHER EMPLOYMENT VERIFICATION FORM

Phone: 1-888-224-7268 #4 E-Fax: 916-464-7521 Email: aple@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 2020-21 school year. Please explain below:

[] YES, I provided eligible full-time teaching service in my designated area for the 2020-21 school year at the following school:

Full School Name 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 2020-21 school year?

[] YES, the participant was teaching at 100% of full-time for the 2020-21 school year.

[] NO, the participant was not teaching at 100% of full-time for the 2020-21 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 2021-22 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? Indicate 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 419027 Rancho Cordova, CA 95741

For Commission Use Only:

Reviewer Initials: _____

Date Keyed: _____