

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

NAME: _____

CSAC ID: _____

TEACHING AREA: _____

SCHOOL NAME: _____

CODE: 1400

☐ YES, I have a name, mailing address or telephone number update. (Please print or type the new information below)

I am currently a full-time teacher at the following school: (All information must be completed to process)

FULL SCHOOL NAME _____ *COUNTY # _____ *DISTRICT # _____ *SCHOOL CODE # _____

SCHOOL ADDRESS _____ CITY _____ ZIP CODE _____

COUNTY NAME _____ SCHOOL DISTRICT NAME _____ SCHOOL TELEPHONE # _____

*Please refer to <http://www.csac.ca.gov/aple/aple.asp> to give you the CDS Code #'s needed for the question above.

SECTION I: TO BE COMPLETED BY PARTICIPANT

1. Do you currently hold a valid teaching credential? ☐ Yes: Type _____ No ☐
2. ☐ **NO**, I did not provide eligible full-time teaching service in my designated area during the 2005/2006 school year.
(Please explain why below) _____
3. ☐ **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. ☐ YES ☐ NO Do you expect the participant will be employed by your school district for the 2006/2007 school year?

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, option 3 / FAX (916) 526-7977

