TEACHING SERVICE FORM INSTRUCTIONS

Return your form by JULY 15, 2012.

- If you are **subbing,** wait until **the school year ends** before submitting a form, so you can verify the maximum number of teaching days possible.
- If you want to receive credit for teaching **summer school days**, you can submit a separate form **after** summer school ends, verifying the number of days taught.
- We will **email** you in September 2012 to **verify your 2012-13 status**.

Instructions to complete form.

- ***** One form per district per school year. *****
- Fill in the **school year start and end dates,** the district, and school(s) for this year.
  - To verify previous teaching years, print another form – one form per year per district – and clearly identify the school year.
  - **Only** teaching days **after obtaining** of your Educator Retooling endorsement can earn credit toward your teaching obligation.
- Fill in the **number** of teaching days – **contracted or substitute, summer school**. (The number can be filled in by you or by a school or district official.)
  - Report the number of teaching days that include **one or more periods** in your Retooling endorsement subject.
  - Report the number of teaching days **with no periods** of your Retooling endorsement subject.
- **No signature, no credit!** Forms verifying teaching days **must be signed** (in the bottom box) by a school or district official.
  - If you taught in one school the entire year, the principal or vice-principal can sign the form. If you taught in multiple schools, someone at the district level must sign the form (human resources, personnel, substitute coordinator).
- **If you didn't teach in 2011-12,** send an explanation to the email address below.

IF WE DON'T HEAR FROM YOU BY JULY 15TH,
YOUR ACCOUNT CAN GO INTO REPAYMENT STATUS.

FAX to: 360-704-6220 **~ OR ~** **MAIL to:** Educator Retooling Program
~ OR ~ Higher Education Coordinating Board
SCAN & EMAIL to: PO Box 43430
ALT@hecb.wa.gov Olympia, WA 98504-3430

For questions or additional information, contact Educator Retooling staff at:
ALT@hecb.wa.gov ~ OR ~ 1-888-535-0747 (#2) msg

(A3SEMS) May 2012 HECB

EDUCATOR RETOOLING CONDITIONAL SCHOLARSHIP
TEACHING SERVICE CONFIRMATION FORM

Please print

Name: _____ **Soc Sec # :** X X X - X X -

Address: _____ **Work Ph :** ( )

_____ **Home or Cell Ph :** ( )

Email Address: _____

(NOTIFY US IF THIS ADDR CHANGES - it is our primary means of contact)

School Year Start: ____ / ____ / ____ **School Year End:** ____ / ____ / ____

District _____ **School(s)** _____

(ONE district per form) *(If subbing, can answer 'various')*

Original signature from school or district REQUIRED in 3rd box below

NUMBER OF TEACHING DAYS

Contracted or Substitute Days:

_____ *with 1 or more periods of* ***Special Education*** _____
(# days) Grade(s)

_____ **with no Special Ed periods** _____
(# days) Grades & Subjects

FULL **Summer School Days:**

_____ *with 1 or more periods of* ***Special Education*** _____
(# days) Grade(s)

_____ **with no Special Ed periods** _____
(# days) Grades & Subjects

I verify this accurately reflects the number & type of teaching days for the period specified.

_____ _____
Signature of School or District Official *Date*

_____ _____
Title *Phone number*

Fax to 360-704-6220 OR
Scan & email to ALT@hecb.wa.gov OR
Mail to:
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Higher Education Coordinating Board
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Olympia, WA 98504-3430

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Return by July 15, 2012