



Alternative Routes Service Form Instructions

Return form by August 31, 2017

CONTACT INFORMATION

- Fill in fields. Check box if any contact information is new.
- If we are unable to contact you, your account will enter monetary repayment status.

TEACHING SERVICE

- **You MUST write in your Alternative Routes subject.**
- **Complete one form per district, per school year, per type of teaching.** Print as many forms as you need for different school years or districts or teaching types.
- Check the appropriate box(es) if you will verify service from more than one district or you plan to teach summer school. This lets us know whether to expect more forms from you.
- Identify the school year, district, and school(s) for this form.
- **You can only earn loan forgiveness toward your teaching obligation for teaching days after obtaining your Alternative Routes residency certificate.**
- Check the type of teaching days included on this form: contracted (full-time or part-time with FTE %), substitute, or summer school.
 - If part-time, we must know if you worked partial days of every day of the school year or all day for some days. This can affect the amount of forgiveness you earn.
- Fill in the number of full days (or equivalent) you're verifying. If you teach 6 half days, report 3 full days; if you work 11 half days, report 5.5 full days.
 - **DO NOT leave the number of teaching days blank.** You must list the actual number of full teaching days (usually 1–180).
 - List Alternative Routes subject teaching days separately from total days teaching other subjects.

SERVICE VERIFICATION

- **No signature, no credit!** Service forms must be signed by a school or district official. If you taught in only one school during the 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, etc).

2017-18 TEACHING INFORMATION

- Complete the 2017-18 teaching position box if you already have a teaching position for next year. If not included on this form, you must provide **updated information by September 15, 2017**, or your account will enter monetary repayment.

You, your school, or your district can submit your form:

Mail: Washington Student Achievement Council
Alternative Routes Program
PO Box 43430
Olympia WA 98504-3430
Fax: 360-704-6220
Scan & Email: alt@wsac.wa.gov

If questions, contact Alternative Routes staff at alt@wsac.wa.gov or 1-888-535-0747 (option 6)

Your account will enter monetary repayment status if you don't return form or contact us by August 31, 2017



Alternative Routes Conditional Scholarship Teaching Service Verification Form

CONTACT INFORMATION

Name: _____ Check if new name, address, email, or phone
Address: _____
City: _____ **State:** _____ **Zip:** _____
Email: _____ **Best Phone Number:** _____

Please update us if this email address changes. Email is our primary means of communication.

TEACHING SERVICE

IMPORTANT: My Alternative Routes SUBJECT(s) is/are _____ .
REQUIRED

- I will verify service from more than one district this year.
- I will verify summer school service this year. Submit separate form at the end of the school year.

School Year: 2016-17 Other school year: _____ Start date: ____/____/____ End date: ____/____/____

District: One district per form, per year School(s): If substituting, may answer "various"

Type of teaching day Contracted days **If contract:** Full time **If part-time:** Partial day, all year
 One type of teaching Substitute days Part time % _____ All day, partial year
 day per form Summer school days

REQUIRED: Number of days taught **Reminder: Two half days of teaching earn one full day of forgiveness**

_____ # full teaching days taught in Alternative Routes Subject listed above, in grade(s): _____

_____ # full teaching days taught in other subjects: _____
grade(s) & subject(s)

SERVICE VERIFICATION - Please do not sign if Alt. Routes SUBJECT not indicated above.

I verify this form accurately reflects the number and subject of teaching days for the period specified.

Signature of school or district official _____ Date _____

Title _____ Phone _____

Check if a significant amount of the class were ELL students

2017-18 TEACHING INFORMATION

I already have a teaching position for the 2017-18 school year (if known at this time).

District _____ Grade(s) _____

Subject _____ Full-time or Part-time % = _____

If you do not have a teaching position for next year at this time, you must provide updated information to us by September 15, 2017, or your account will enter monetary repayment.

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 Alternative Routes Program
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 Olympia WA 98504-3430
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Email: alt@wsac.wa.gov

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Mail, fax, or scan and email a copy of the service form
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