

ALTERNATIVE ROUTES SERVICE FORM INSTRUCTIONS

Return your form by **AUGUST 31, 2016**

Contact information:

- Fill in fields and check box if any contact information is new.
- **If we are unable to contact you, your account can go into repayment status.**
- Check one or both boxes if you will verify service from more than one district and/or you plan to teach summer school. This will let us know whether to expect more forms from you.

=== You MUST write in your ALTERNATIVE ROUTES SUBJECT(s), from email # 1. ===
(Your form is incomplete without it.)

Teaching days:

- **Only** teaching days **after obtaining** your Alternative Routes residency certificate can earn loan forgiveness toward your teaching obligation.
- Identify the school year, district, and school(s) for this form.
- Check the type of teaching days 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 for every day of the school year or all day for some days. This can affect the amount of forgiveness you earn.
- ***** One form per district, per school year, per type of teaching. *****
- Fill in the **number of full days** 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, or enter ALL, 100%, entire year, etc. You must list the **actual number of full teaching days** (usually 1 – 180).
 - List Alternative Routes subject teaching days separately from non-Alternative Routes subject days.
- Print as many forms as you need, for different school years or districts or teaching types.

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).

(OPTIONAL) 2016-17 teaching position:

- Check and complete the bottom box if you already have a teaching position for next year. If you don't have a position yet, we will email you in September to check on your status.

You, your school, or your district can submit your form (electronically, please) – fax, or scan & email. We will email you a confirmation when we receive your service form.

FAX to: 360-704-6220 ~ OR ~ **SCAN & EMAIL to:** ALT@wsac.wa.gov

~ OR ~ **MAIL to:** Alternative Routes Program
Washington Student Achievement Council
PO Box 43430
Olympia, WA 98504-3430

YOUR ACCOUNT CAN GO TO REPAYMENT IF YOU DON'T CONTACT US BY 08/31/16.

For questions or additional information, contact Alternative Routes staff at:

ALT@wsac.wa.gov ~ OR ~ 1-888-535-0747 (msg)

**ALTERNATIVE ROUTES CONDITIONAL SCHOLARSHIP
TEACHING SERVICE CONFIRMATION FORM**

CONTACT INFO	Name _____	<input type="checkbox"/> New name, address, email, or phone	
Address _____	City _____	State _____	Zip _____
Contact Email _____	Contact Phone _____		

(NOTIFY US IF THIS EMAIL ADDRESS CHANGES - it is our PRIMARY means of contact)

- 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.)*

IMPORTANT: My Alternative Routes SUBJECT(s) is/are _____
REQUIRED (from our email)

TEACHING DAYS	2015 – 2016 School Year <input type="checkbox"/> OR A different school year: _____ (year)		
School Year Start ____/____/____	School Year End ____/____/____		
District _____ <small>(ONE district per form, per school year)</small>	School(s) _____ <small>(If substituting, can answer 'various.')</small>		
TYPE: Contracted Days - ____ Full-time OR Part-time % = ____		Substitute Days <input type="checkbox"/> Summer School Days <input type="checkbox"/>	
<small>IF Part-time: <input type="checkbox"/> PARTIAL day, all year OR <input type="checkbox"/> ALL day, partial year</small>		<small>..... Only 1 type of teaching days per form</small>	
You MUST fill in the <u>NUMBER OF DAYS</u> taught:			
_____ # of <u>full</u> teaching days in your Alternative Routes Subject (above) in Grade(s) _____		== Remember == 2 <u>half days</u> of teaching EARN 1 <u>full day</u> of forgiveness	
_____ # of <u>full</u> teaching days in other subjects _____		Grades & Subjects _____	

VERIFIER: Please DO NOT sign this form if the Alternative Routes SUBJECT isn't completed at the top.	
I verify this accurately reflects the number and subject of teaching days for the period specified.	
_____ Signature of School or District Official	_____ Date
_____ Title	_____ Phone number

<input type="checkbox"/> I already have a teaching position for the 2016-17 school year (if known at this time).	
District _____	Grade(s) _____
Subject _____	Full-time ____ or Part-time % = ____
<i>NOTE: If you don't yet have a position for 2016-17, we'll email you in September to check your status.</i>	

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