

## 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.**

<b>FAX to:</b> 360-704-6220 ~ <b>OR</b> ~ <b>MAIL to:</b> Educator Retooling Program ~ <b>OR</b> ~ Higher Education Coordinating Board	
<b>SCAN &amp; EMAIL to:</b> ALT@hecb.wa.gov	PO Box 43430 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**

**EDUCATOR RETOOLING CONDITIONAL SCHOLARSHIP  
TEACHING SERVICE CONFIRMATION FORM**

Please print

Name: \_\_\_\_\_ Soc Sec # : XXX - XX - \_\_\_\_\_

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 *Mid-Level/Secondary Science* \_\_\_\_\_  
(# days) Grade(s)

\_\_\_\_\_ with no Science periods \_\_\_\_\_  
(# days) Grades & Subjects

**FULL Summer School Days:**

\_\_\_\_\_ with 1 or more periods of *Mid-Level/Secondary Science* \_\_\_\_\_  
(# days) Grade(s)

\_\_\_\_\_ with no Science 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 \_\_\_\_\_



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**Return by July 15, 2012**