

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 completion** of your Future Teachers residency certificate or 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.)
 - **Full days or half days?** Report the number of full days. If you work 6 half-days, report 3 full days, if you work 11 half-days, report 5.5 full days.
 - **Bilingual teaching days?** Circle YES or NO.
- **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: 360-704-6245 ~ OR ~	MAIL to: Future Teachers Program
~ OR ~	Higher Education Coordinating Board
SCAN & EMAIL to:	PO Box 43430
FUT@hecb.wa.gov	Olympia, WA 98504-3430

For questions or additional information, contact Future Teachers staff at:

FUT@hecb.wa.gov ~ OR ~ 1-888-535-0747 (#2) msg

(FSEMS) May 2012 HECB

FUTURE TEACHERS CONDITIONAL SCHOLARSHIP AND LOAN REPAYMENT 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 FULL TEACHING DAYS (2 half days count as 1 full day)

FULL Contracted or Substitute Days:

_____ in *Math and/or Science* _____ Bilingual? Yes / No
 (# full days) _____ Grade(s)

_____ in other subjects _____ Bilingual? Yes / No
 (# full days) _____ Subjects & Grades

FULL Summer School Days:

_____ in *Math and/or Science* _____ Bilingual? Yes / No
 (# full days) _____ Grade(s)

_____ in other subjects _____ Bilingual? Yes / No
 (# full days) _____ Subjects & Grades

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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 Mail to:

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 Higher Education Coordinating Board
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