

# 2009-2010 NC Teaching Fellows Employment Verification Form

TF ID # \_\_\_\_\_

(For Office Use Only)

Year of Entry in TF Program: Year \_\_\_\_\_ Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_ Campus Attended \_\_\_\_\_

**\*\*READ THE FOLLOWING CAREFULLY\*\*** Complete the front page whether employed as a teacher in the NC public schools system or not. If you are not employed by a NC Public School System as a full-time licensed teacher, attach a letter of explanation. Be specific in the letter as to when you will begin teaching or return to teaching in NC. If you are in Graduate School, ATTACH your letter of explanation AND an official letter from the school that verifies the specific area of study and expected graduation date. Do NOT send a transcript. If any of the requested information on this form is not provided, it will be returned to you for the corrections. Depending on the number of forms with missing information, your form may not be returned to you immediately.

**Statement of Intent:** Check the appropriate option and sign below the option you checked. Service means teaching or, if you entered in the class of 1999 or before, being a school counselor, school psychologist, school social worker, speech-language pathologist or media specialist on a full-time basis in a NC Public School System.

1) \_\_\_\_\_ I intend to fulfill my four-year obligation through service. (Whether you are teaching for the current school year or not)

Fellow's Signature \_\_\_\_\_

2) \_\_\_\_\_ I do not intend to fulfill my obligation through service. (A repayment schedule will be sent to you for the balance of your loan with 10% interest). The option to pay back through teaching will no longer apply. Specify the reason you do not intend to repay in service. \_\_\_\_\_

Fellow's Signature \_\_\_\_\_

## Licensure Information - License Area and Expiration Date must be filled

\*Check the appropriate option and fill in corresponding information.

1) \_\_\_\_\_ I have a License issued by NC DPI. License Area: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

My license is (a) \_\_\_\_\_ SP I/Initial (first three years of teaching), (b) \_\_\_\_\_ SP II/ Continuing,  
(c) \_\_\_\_\_ Provisional (teaching outside of original licensed area), or (d) \_\_\_\_\_ Lateral Entry

2) \_\_\_\_\_ I do not have a SPI/ Initial or SPII/Continuing License issued by NC DPI. Why not? \_\_\_\_\_

I had the Commission's approval to graduate without eligibility for Licensure: \_\_\_\_ Yes \_\_\_\_ No

If you have not passed the Praxis II exam, when is your next test date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Current Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check here if this is a: \_\_\_\_\_ New Address \_\_\_\_\_ New Name

Name of Fellows Graduate: \_\_\_\_\_  
First Middle Last (Maiden - if applicable)

Current Mailing Address: \_\_\_\_\_  
Street Apt. #  
City State Zip

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

(If not teaching) Employed by: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Parent/Surety (Promissory Note Co-signer) Current Mailing Address:

Name Address City State Zip

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

## This area is to be completed and signed by ALL Fellows for the PREVIOUS fiscal school year which is July 1, 2008-June 30, 2009

\*Check the appropriate option and sign below the option you checked.

1) \_\_\_\_\_ Yes, By filling in the beginning and ending month and day below, I hereby affirm that I completed a minimum of six-full calendar months in the 2008-2009 fiscal school year as a full-time licensed teacher or, for the entering classes prior to and including the class of 1999, as a school counselor, school psychologist, school social worker, speech pathologist, or media specialist, in a NC Public School (K-12) or United States Government School in NC (K-12). If the dates are not filled in below or if you did not complete a minimum of six full calendar months within the school year, your service credit for 2008-2009 will be reversed.

First/Last Dates of Employment (between July 1- June 30): From \_\_\_\_/\_\_\_\_/2008 To \_\_\_\_/\_\_\_\_/2009 fiscal year

Fellow's Signature: \_\_\_\_\_

2) \_\_\_\_\_ No, I did not complete six calendar months in the 2008-2009 fiscal year. 3) \_\_\_\_\_ No, I did not teach in the 2008-2009 fiscal year.

Fellow's Signature: \_\_\_\_\_

over

**IF TEACHING IN NORTH CAROLINA, THIS SECTION MUST BE COMPLETED  
BY THE SCHOOL SYSTEM PERSONNEL OR HR DIRECTOR (not by the Principal) and NOTARIZED  
(NO CREDIT WILL BE GIVEN IF NOT FULLY COMPLETED AND NOTARIZED)**

I hereby certify that \_\_\_\_\_ is a current employee of: \_\_\_\_\_  
Full Name of Employee Full Name of School System

and is assigned to: \_\_\_\_\_ / \_\_\_\_\_  
Full Name of School the Employee is Assigned To Level /Subject Position

School Address: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City State Zip

1. Is the school that the Teaching Fellow is an employee of a Title I School? \_\_\_ Yes \_\_\_ No

2. Is this position paid per the state teacher salary schedule? \_\_\_ Yes \_\_\_ No (If No – Source \_\_\_\_\_)

3. Is this position: \_\_\_\_\_ Full-time or \_\_\_\_\_ Part-time (% of time \_\_\_\_\_)

4. Check one of the following choices: (a) \_\_\_\_\_ SPI/Initially licensed, (b) \_\_\_\_\_ SPII/Continuing licensed,  
 (c) \_\_\_\_\_ Lateral Entry Licensed, (d) \_\_\_\_\_ Substitute teacher, (e) \_\_\_\_\_ Interim contract, or  
 (f) Other position than above (*be specific*): \_\_\_\_\_

5. Beginning Date of Employment for (current fiscal school year 2009-2010): \_\_\_\_\_ / \_\_\_\_\_ / 2009  
Month Day

6. Ending Date of Employment for (current fiscal school year 2009-2010): \_\_\_\_\_ / \_\_\_\_\_ / 2010  
Month Day

7. Will this employee complete (6) calendar months of employment, if he/she completes the contract? \_\_\_ Yes \_\_\_ No

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Signature of School System Personnel Director \_\_\_\_\_ Position \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by a Notary Public - Must have Seal or Stamp (Only if Fellow is employed with a NC public school system)**

Subscribed and sworn to me on this \_\_\_\_\_ day of: \_\_\_\_\_, 20\_\_\_\_.

*Notary* \_\_\_\_\_  
Seal Notary Public

\_\_\_\_\_  
*Commission Expiration Date*

List any honors and/or awards you received in the teaching field in the 2008-2009 school year. Attach a sheet if more space is needed. Be sure to put your name on the sheet.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Completed Masters Degree? \_\_\_ Yes \_\_\_ No National Board Certified? \_\_\_ Yes \_\_\_ No Area \_\_\_\_\_

If you are a 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> year teacher, do you have an assigned ILT mentor teacher? \_\_\_ Yes \_\_\_ No Don't know \_\_\_\_\_

**RETURN THIS FORM BY: SEPTEMBER 18, 2009**  
 NC Teaching Fellows Program - 3739 National Drive - Suite 100; Raleigh, NC 27612  
 If you have any questions regarding this form please contact Holly King at 919-781-6833 x 121 or hking@ncforum.org