

2009-2010 NC Teaching Fellows Final Employment Verification Form TF ID# _____
(For Office Use Only)

***Failure to affirm completion of your last year will result in a reversal of credit for that year, and your note will not be cancelled. This form must be filled out in its entirety and does not have to be filled out by a school system or notarized.**

Year of Entry in TF Program: _____ **Graduation: Month** _____ **Year** _____ **Campus Attended:** _____

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:** _____

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

Name Address City State Zip

Home Phone: (____) _____ - _____ **E-mail:** _____

Check the appropriate option, fill in corresponding information, and sign below.

To be completed and signed by all Fellows for the 2008-2009 fiscal school year which is July 1, 2008-June 30, 2009.

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 completely filled in with month, day, and year 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

For either reason below your teaching service credit will be reversed and you will be sent a 2008-2009 Employment Verification Form

2) **No, I did not complete six calendar months in the 2008-2009 fiscal school year.**
 3) **No, I did not teach in the 2008-2009 fiscal year. Reason:** _____

Fellow's Signature: _____

You must sign below or you will not receive your cancelled Promissory Note.

CANCELLATION OF PROMISSORY NOTE: I hereby affirm that I have completed my **four**-year obligation to the Teaching Fellows Program through teaching service. This does not apply if you did not complete at least six calendar months in the 2008-2009 school year.

Fellow's Signature: _____ **Date:** _____

IF STILL TEACHING in NORTH CAROLINA, COMPLETE THIS SECTION:

This information is for the General Assembly. Members want to know what you are doing after completing your obligation.

I am an employee of: _____
School System (School Code for office use only)

assigned to: _____ / _____ / _____
Full Name of School Assigned To Level /Subject Position

School Address: _____ **School Phone:** (____) _____ - _____
City State Zip

This position is: Full-time Licensed _____ **Part-time Licensed** _____ (**% of time** _____)

IF NO LONGER TEACHING in NC, COMPLETE THIS SECTION:

Employer: _____ **Job Title:** _____

PLEASE RETURN FORM IN THE ENCLOSED ENVELOPE 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