

**2011-2012 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 2010-2011 fiscal school year which is July 1, 2010-June 30, 2011.**  
 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 2010-2011 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 2010-2011 will be reversed.  
**First/Last Dates of Employment (between July 1- June 30): From** \_\_\_\_/\_\_\_\_/2010 **- To** \_\_\_\_/\_\_\_\_/2011  
 For either reason below your teaching service credit will be reversed and you will be sent a 2010-2011 Employment Verification Form  
 2) \_\_\_\_ **No, I did not complete six calendar months in the 2010-2011 fiscal school year.**  
 3) \_\_\_\_ **No, I did not teach in the 2010-2011 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 2010-2011 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 23, 2011**  
**NC Teaching Fellows Program 3739 National Drive Suite 100 Raleigh, NC 27612**  
**If you have any questions regarding this form please contact Kristen Dibble at 919-781-6833 x 131 or kdibble@ncforum.org**