

**RULE 3 TEACHING SERVICE VERIFICATION REQUEST FORM**

***-Instructions-***

1. **Teacher:** Please complete separate forms for each school in which Rule 3 service verification is requested; teacher will obtain Principal signature for verification in Section #3 below.
2. Please do not apply for regularly appointed and regular substitute service in your current license or in special education. This service will be automatically credited where applicable.
3. After form is signed by Principal, please return the completed, signed and dated original copy for each school in which service verification has been requested to your school's ISC or CFN HR support person. (Teacher should retain a copy for personal records and give a copy to the payroll secretary.)
4. **ISC/CFN HR staff** will collate and forward form(s) to the Division of Human Resources, Office of Field & Information Services. A copy of the form also should be retained at the ISC/CFN.
5. **DHR** will review update employee records in online systems accordingly. Verification on Rule 3 status will follow.

***- Section 1: To Be Completed by Employee--***

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

EIS/FILE NO. \_\_\_\_\_, DISTRICT: \_\_\_\_\_, SCHOOL: \_\_\_\_\_

Your Email address (optional): \_\_\_\_\_

- I qualify for (circle one): **RULE 3 3A 3B 3C 3D 3G 3H**
- I am currently appointed under the following license:

\_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
 Appointed License Level District School

**I performed the following service qualifying for the Rule circled above:**

<u>Month</u>	<u>Day</u>	<u>Year</u>	<u>Month</u>	<u>Day</u>	<u>Year</u>	<u>SUBJECT TAUGHT</u>	<u>LICENSE SERVED UNDER</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**I certify that the above information is accurate.**

\_\_\_\_\_  
 Signature of Teacher

\_\_\_\_\_  
 Date

***---Section 2: Verification Signature Required---***

**I verify that the service indicated above has been performed.**

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Teacher and Payroll Secretary should retain a copy of the form on file. Signed original form must be sent to ISC-CFN HR support staff for the school.