



TSEIP EMPLOYMENT COMPLIANCE FORM

To be forwarded to the Oklahoma State Regents for Higher Education **upon completion of fifth year** of teaching in an Oklahoma public school district.

Directions: Provide the information requested in each space (Please Type or Print NEATLY). An Employment Compliance Form must be filled out for **each district** in which you have been employed during your first five consecutive years of teaching. Please notify OSRHE with any employment changes after this form has been submitted.

SECTION A: TO BE COMPLETED BY TSEIP PARTICIPANT

Last Name First Name SSN Email

Participant's Address City/State Zip Phone (_____)_____

Semester/Year Graduated University Name School District Employed Years employed at this district

On the lines below, please list the subjects and grade levels taught during employment with this school district.

Year	Grade(s)	Subject
2001-2002(Sample entry)	7-10(Sample entry)	Biology I (Sample entry)

SECTION B: TO BE COMPLETED BY PRINCIPAL

I verify that the above referenced TSEIP Participant taught secondary mathematics/science at least 75% of the time while employed as a teacher in the _____ school district, and did so for the _____ school year(s).

Principal's Signature and/or Personnel Date

Last Name First Name Phone Email

SECTION C: TO BE COMPLETED BY PARTICIPANT AND NOTARY

If OSRHE determines that any TSEIP disbursement was authorized based on misleading or incorrect information, the Participant must reimburse such payment to OSRHE.

TSEIP Participant Signature Date

State of Oklahoma, County of _____, The foregoing instrument was acknowledged before me this _____ day
of Month and Year _____ by _____

Notary's Name _____ Notary's Signature _____
Notary Seal

Please mail to:
Oklahoma Teacher Connection
TSEIP
Oklahoma State Regents for Higher Education
P.O. Box 108850
Oklahoma City, OK 73101-8850