OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION

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INSPIRED TO TEACH EMPLOYMENT COMPLIANCE FORM

This form is to be notarized and forwarded to the Oklahoma State Regents for Higher Education **upon completion of each year** of teaching in an Oklahoma public school district for up to five years.

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 the year of teaching.

Note: It is the teacher's responsibility to notify OSRHE of any changes in employment after this form is submitted. Failure to provide updated employment information may delay incentive payment.

SECTION A: TO BE COMPLETED BY PARTICIPANT TEACHER

_____ _____ _____ _____
Last Name First Name SSN Personal Email

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

_____ _____ _____
Semester and Year of Graduation University Name Current School District Name

SECTION B: SCHOOL INFORMATION TO BE COMPLETED BY PARTICIPANT TEACHER

Below, please list the subject(s) and grade level(s) taught during this employment year with this school district.

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

School Email Address: _____

School District Superintendent Name: _____

Superintendent E-Mail Address: _____

School Financial Contact Name: _____

School Financial Contact Email Address: _____

SECTION C: TO BE COMPLETED BY PRINCIPAL

I verify that the above referenced "Inspired to Teach" Participant was employed as a teacher in the

_____school district for the_____ academic year.

_____ _____
Principal's Signature Date

_____ _____ (_____)_____ _____
Last Name First Name Phone Email Address

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SECTION D: TO BE COMPLETED BY PARTICIPANT AND NOTARY

If OSRHE determines that any "Inspired to Teach" disbursement was authorized based on misleading or incorrect information, the Participant must reimburse full payment to OSRHE.

_____ _____

Inspired to Teach 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:
Inspired to Teach
Oklahoma State Regents for Higher Education
P.O. Box 108850
Oklahoma City, OK 73101-8850