



**TEACHER SHORTAGE EMPLOYMENT INCENTIVE PROGRAM (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 Print or Type). 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.

SECTION A: TO BE COMPLETED BY TSEIP PARTICIPANT

First Name Last Name SSN Email

Year of Graduation University Name School District Years employed at this district

Address City/State Zip (_____) Phone

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

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

SECTION B: TO BE COMPLETED BY PRINCIPAL

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

Signature of Principal or Personnel Director Date

First Name Last Name Email

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

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:

TSEIP
Oklahoma State Regents for Higher Education
P.O. Box 108850
Oklahoma City, OK 73101-8850