



## 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). 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

\_\_\_\_\_  
Last Name                      First Name                      SSN                      Email  
\_\_\_\_\_  
Participant's Address                      City/State                      Zip                      Phone (\_\_\_\_\_)\_\_\_\_\_  
\_\_\_\_\_  
Year of Graduation                      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 \_\_\_\_\_ years.

\_\_\_\_\_  
Principal's Signature and/or Personnel                      Date  
\_\_\_\_\_  
Last Name                      First Name                      Phone                      Email (\_\_\_\_\_)\_\_\_\_\_

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 \_\_\_\_\_  
Participant's Name  
\_\_\_\_\_  
Notary's Name                      Notary's Signature  
\_\_\_\_\_  
Notary Seal

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