



VERIFICATION OF REQUIREMENTS For the Short-Term Staff Permit

This form must be completed by the employing agency and submitted with each application for a Short-Term Staff Permit.

Name of Applicant: _____

SSN: _____

Name of Employing Agency: _____

County/District/CDS Code: _____

Multiple Subject

Single Subject - Specify subject(s): _____

Education Specialist - Specify specialty area(s): _____

The Short-Term Staff Permit can be issued for one year, provided that it expires at the end of the employing agency's school year. The end of the school year shall be no later than July 1 unless the permit is being used for a summer school assignment whereby the end of the school year shall be no later than September 1.

Provide the ending date of your school year below.

Ending Date _____ This date will be the expiration date of the STSP.

Check here if this is a summer school assignment. ☐

By submitting this form, the employing agency named above verifies that requirements 1-4 have been completed.

1. Local recruitment efforts have been conducted for the Short-Term Staff Permit being requested
2. The permit holder has been provided with orientation to the curriculum and to techniques of instruction and classroom management
3. The permit holder has been assigned a mentor teacher for the term of the Short-Term Staff Permit
4. Justification for the acute staffing need which requires the Short-Term Staff Permit (check one):
 - ☐ The individual needs additional time to complete pre-service requirements for enrollment into a Commission-approved intern program
 - ☐ Enrollment adjustments require the addition of another teacher
 - ☐ The individual is unable to enroll in a Commission-approved intern program due to timelines, lack of space in the program, or needs to complete core area subject matter (for education specialist permit)
 - ☐ Unavailability of a third-year extension or withdrawal from an intern program
 - ☐ The teacher of record is unable to finish the school year due to approved leave/illness

Employing Agency Certification

This form must be signed by the District/County Superintendent, Personnel Administrator, NPS/NPA Administrator, or Designee.

I certify under penalty of perjury that the information provided on this form is true and correct.

Signature _____

Title _____ Date _____