



VERIFICATION OF REQUIREMENTS For the Teaching Permit for Statutory Leave

This form must be completed by the employing agency and submitted with each application for a Teaching Permit for Statutory Leave (TPSL).

Name of Applicant: _____ SSN: _____

Name of Employing Agency: _____

County/District/CDS Code: _____

Multiple Subject

Single Subject - Specify subject(s): _____

Education Specialist

Verification of Requirements

By submitting this form, the employing agency named above verifies under penalty of perjury the following:

The permit holder has completed the required training and development defined in Title 5 §80022 (select one):

For **initial issuance**, the initial 45 hours of TPSL preparation [Title 5 §80022(a)(5)].

For the **first renewal**, the second 45 hours of TPSL preparation [Title 5 §80022(d)(1)(C)].

For the **second renewal**, the third 45 hours of TPSL preparation [Title 5 §80022(d)(2)(C)].

For the **third and all subsequent renewals**, completion of the professional learning activities that are offered to the local employing agency's regular teaching staff [Title 5 §80022(d)(3)(C)].

The permit holder shall be provided early orientation during the first month of service for every position the TPSL holder will serve in as the interim teacher of record.

For each statutory leave assignment, the local employing agency shall provide the TPSL holder with an average of two hours per week of mentoring, support, and/or coaching. Such mentoring, support, and/or coaching shall meet the following requirements:

- Is coordinated and/or delivered by a mentor who possesses a valid life or clear credential that would also authorize service in the statutory leave assignment,
- The mentor provides lesson plans for the first four weeks of the statutory leave assignment (if not already provided), and
- The mentor provides continued assistance in the development of curriculum, lesson planning, and Individualized Education Programs (IEPs).

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 _____