



Certificate of Employment Service
Florida Department of Education
Office of Student Financial Assistance
325 West Gaines Street, Room 934
Tallahassee, FL 32399-0400

toll free 1-888-827-2004
fax 1-850-413-7443

To receive credit for employment service, this Certificate of Employment Service (CES) form must be submitted at the end of *each* school year, as defined in Section 228.041(16), Florida Statutes. The borrower must complete Section I and have served as a teacher engaged in classroom instruction *or* as an occupational therapist, physical therapist, occupational therapy assistant, or physical therapist assistant. The district **superintendent or designee** must complete Section II, indicating the number of days the borrower was employed by a Florida publicly-funded school¹ **full time** in any of grades pre-k through 12.

NOTE: Failure to submit this form within 45 days from the end of the borrower's year of teaching service could place the borrower's account in cash repayment status.

SECTION I. (To be completed by the borrower; print or type)

Employee's Name _____ Soc. Sec. # _____

Mailing Address _____

Street Address Apt.# City

State _____ County _____ Zip Code _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Check (✓) here if the above reflects a change in your name, address, or telephone number.

Type of Loan: Check (✓) the type of loan.

- Critical Teacher Shortage Scholarship Loan
- "Chappie" James Most Promising Teacher Scholarship Loan
- Florida CTS Forgivable Loan
- Masters' Fellowship Loan for Teachers
- Occupational Therapist or Physical Therapist Scholarship Loan

SECTION II. (To be completed by the **Superintendent or Designee** (Principal); (print or type)

I, _____
 (Name of Certifying Official) (Title of Official) (Contact Phone Number of Official)

certify that _____ was employed **full time** as:
 (Employee's Name)

- a teacher an occupational therapist a physical therapist
- an occupational therapy assistant a physical therapist assistant

during the current school year for _____ days and have verified the accuracy and authenticity of
 (Number of Days)
 this information with official district personnel records.

Subject Area of Instruction: (teachers only) _____

Name and Address of the Florida Publicly-Funded (**Not Private**) School¹ :

Name of District: _____

Signature _____ Date _____

NOTE: A separate CES form must be submitted for each school year.

PLEASE RETURN THIS COMPLETED FORM TO:

Florida Department of Education
 Office of Student Financial Assistance
 325 West Gaines Street, Room 934
 Tallahassee, Florida 32399-0400

**NOT VALID WITHOUT
 STAMP OR SEAL**



¹ For the purposes of scholarship loans, a Florida publicly-funded school is defined as a school which receives at least 75% of its operating costs from government agencies and operates its education program under contract with a public school district or the Florida Department of Education.