

Note: **City of Chicago Residents** should forward this form to Educator and School Development Division, ISBE, 100 North First Street, E-310, Springfield, IL 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION
 Educator and School Development Division
 100 North First Street, E-310
 Springfield, Illinois 62777-0001

NOTIFICATION OF CHANGE IN TEACHING CIRCUMSTANCES

DIRECTIONS: Notify your Regional Office of Education (in your phone book under local or county government, or www.isbe.net) if your circumstances change in any of the ways reflected on this form.

NAME OF CERTIFICATE HOLDER	HOME TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	WORK TELEPHONE (Include Area Code)
	E-MAIL

CERTIFICATE TYPE	CERTIFICATE NUMBER	CERTIFICATE TYPE	CERTIFICATE NUMBER

The current status of my certificate(s) is Valid and Active Valid and Exempt I believe the status of my certificate(s) should be Changed to _____ Left as Valid and _____

Please be advised of the following change(s) that are related to my certificate(s) and status:

- Change in employer (Identify your previous and new employers and indicate the type of school for each; indicate the effective date of the change.)
- Change in assignment (Describe your new assignment and give the effective date.)
- Leave of absence (Identify the starting date (and the ending date if known.)
- Return from leave of absence (Identify the starting and ending dates.)
- Part-time to full-time employment (Give the starting date of full-time employment.)
- Full-time to part-time employment (Give the starting date of part-time employment and the percentage of the school day or semester involved.)
- Other (Provide a full explanation and include the relevant dates.)
 (Use the space below to provide the information called for in connection with your situation.)

- I do not believe this change in circumstances qualifies as a period of exemption.
- I do believe this change in circumstances qualifies as a period of exemption, and I request your verification that I have established a period of exemption for the following semester(s): _____ TO _____
 Month/Year Month/Year

- I do not believe this change in circumstances qualifies as a period of part-time teaching.
- I do believe this change in circumstances qualifies as a period of part-time teaching, and I request your verification that I have established a period of part-time teaching for the following semester(s): _____
 Month/Year TO _____
 Month/Year Signature of Certificate Holder
 Date

REGIONAL SUPERINTENDENT'S VERIFICATION OF PERIOD OF EXEMPTION OR PERIOD OF PART-TIME TEACHING

DIRECTIONS: If the teacher has requested establishment of a period of exemption or a period of part-time teaching, return this page to the teacher and keep a copy for your records. _____
 Date

- I hereby verify that the following semester(s) qualify as a period of exemption: _____
- The time period you have identified does not qualify as a period of exemption because _____

- I hereby verify that the following semester(s) qualify as a period of part-time teaching: _____
- The time period you have identified does not qualify as a period of part-time teaching because _____

_____ Date _____ Signature of Regional Superintendent