Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

Be sure to update to Adobe Reader 9 prior to beginning form.

NOTE: City of Chicago residents should forward this form to the Educator Certification Division, ISBE, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION
Educator Certification Division
100 North First Street, S-306
Springfield, IL 62777-0001

REQUEST FOR AUTHORIZATION TO EMPLOY TEACHER IN POSITION OTHERWISE UNFILLED

BACKGROUND AND INSTRUCTIONS: Please print or type. Section 25.464 of Part 25 of the Illinois Administrative Code allows the State Board of Education to authorize employment of a teacher for a period of three fiscal years when he/she holds a certificate valid for the grade level with at least nine semester hours in the subject to be taught. The teacher must sign a statement of intent to complete the requirements that will result in endorsement for the subject below and/or a university offering the approved program must confirm that the teacher is enrolled in courses at the institution. The district must forward the information requested in Part II and sign the assurance on this form.

I. TEACHER CANDIDATE INFORMATION

SOCIAL SECURITY NUMBER	NAME	TELEPHONE (Include Area Code)

HOME ADDRESS (Include Street, City, State, and Zip Code)

CERTIFICATE HELD:
Type: _____ **Certificate Number:** _____

List the courses you have completed in the subject area of this request; **completed courses must** total 9 semester hours. Enclose official transcripts in a sealed envelope as received from your college or university. *(Attach additional sheets for other courses.)*

NUMBER	NAME	UNIVERSITY	HOURS

Teacher Assurance:

I do hereby certify that the information provided on this form is true, accurate and complete. I further certify that I will enroll in one or more of the required courses next semester and that I will complete the requirements for endorsement in the subject indicated below within the three-year period allowed for this authorization.

Note: This authorization is not transferable to another district or subject. Applicants who knowingly misrepresent their qualifications for certification are subject to suspension or revocation of their certificates.

_____ *Signature* _____ *Date*

II. DISTRICT INFORMATION - ALL PARTS MUST BE COMPLETED

DISTRICT NAME	REGION-COUNTY-DISTRICT-TYPE CODE
DISTRICT ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)

GRADE OF ASSIGNMENT	SUBJECT (Attach position/subject assignment description.)

As administrator of this entity, I certify that I have been unable to secure the services of an appropriately certificated or approved educator and that any appropriately or approved individuals interviewed did not meet district criteria for hire.

_____ *Name* _____ *Title*

_____ *Signature* _____ *Date*

III. UNIVERSITY ASSURANCE

The teacher named above is enrolled in courses that are part of an approved program at this institution in the subject of assignment requested.

Official Seal

_____ *Signature* _____ *Title (Registrar or Certification Officer)* _____ *Institution Name* _____ *Date*

Regional Superintendent

I request that the State Board of Education review this request.

_____ Region _____ Regional Superintendent _____ Signature _____ Date

ISBE 73-96 (5/09)

Print Reset Form