

**EASTERN OREGON UNIVERSITY
OTRM/TTT GRANT EMPLOYMENT VERIFICATION**

PART I: TO BE COMPLETED BY OTRM RECIPIENT

Employment Documentation (to be used for statistics reporting by the OTRM project, and determination of deferment/cancellation qualification): I am applying for: Deferment for current academic year___ and/or
Cancellation of prior academic year 2007-08

Name_____ Telephone Number_____
Please Print

Address_____ City, State, Zip_____

Email address_____ Date Employment began_____

Current Employer_____ Date Employment ended_____

Address_____ City, State, Zip_____

Full-time_____ Part-time_____ Name of School if Teaching_____

Will you continue in this position during the next academic year, 2008-09? Yes_____ No_____

If you are teaching in a school that qualifies you for the OTRM cancellation benefit, your Principal, Human Resource Department, or School Administrator must verify your employment below.

Signature_____ Date_____

PART II: TO BE COMPLETED BY SCHOOL PRINCIPAL OR ADMINISTRATOR – only required if the teacher is applying for deferment/cancellation.

I certify that the above statements are true and that the above named person is employed as a full-time teacher in the OTRM/TTT eligible school named below:

Name of School District_____ Name of School_____
Please Print

School Address_____ City, State, Zip_____

Name of Principal or Administrator_____
Please Print

Title_____ Telephone Number_____

Signature_____ Date_____