

MIHL - ECSI**Request for Teaching Service Deferment/Cancellation**

(William Winter, Critical Needs, Graduate Teacher/Counselor/School Administrator, SREB Doctoral Scholars)

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)**Personal Information:**

Last Name	First Name	SSN (XXX-XX-XXXX)
Street Address	City	State
Zip	Date of Birth (MM/DD/YYYY)	Email Address
Home Phone #	Cell Phone #	Work Phone #

Request for Service Deferment:A request for service deferment should be submitted at the **BEGINNING** of each year of required service.**Request for Service Cancellation:**A request for service cancellation should be submitted at the **END** of each year of required service. **Cancellation is granted in academic year increments, not partially by terms.**

Deferment Period BEGIN Date Current Work Year Start Date (MM/YYYY)	Expected Deferment Period END Date Current Work Year End Date (MM/YYYY)
Cancellation Period BEGIN Date Completed Work Year Start Date (MM/YYYY)	Cancellation Period END Date Completed Work Year End Date (MM/YYYY)

Altered dates will not be accepted

CERTIFICATION: This is to certify that I WAS and/or AM employed as a FULL-TIME (defined as **5 hours of Instruction** per school day) licensed teacher in a Mississippi Public School District for the dates above at:

School District	School Name	School Street Address	
School City, State, Zip		School County	School Telephone #
Grade Level Taught	Total Hours/Day Taught	Critical Subject Area Taught (if applicable)	Hours/Day Taught Critical Subject Area (if applicable)

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

X
 Borrower's Signature _____ Date _____

PART II – TO BE COMPLETED BY SCHOOL OFFICIAL (Superintendent of Schools or School Principal)

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X
 Signature of Authorizing Official _____ Date _____

Printed Name, Title, and Address of Official	Official Stamp or Seal - If no stamp or seal is available please provide letterhead certification , signed by school official, <u>in addition to this form</u> . The letter must include employee's name, employment dates, total hours taught, critical subject area taught (if applicable) and hours taught in critical subject area (if applicable).	
Telephone #		
Dates Borrower Employed Full-time (MM/DD/YYYY)	From:	To:
Dates Borrower Employed Part-time (MM/DD/YYYY)	From:	To:

NOTE: This form is INCOMPLETE without borrower's signature, social security number, beginning and ending dates of service deferment and/or cancellation period, and COMPLETE Part II certification. Borrower MUST also attach a signed copy of the current and/or upcoming school year's contract.**RETURN FORM TO:**Mississippi Institutions of Higher Learning (MIHL)
C/O Heartland ECSI
P.O. Box 1278
Wexford, PA 15090**CONTACT:**Email: webcservice@ecsi.net
Phone: 888.549.3274PART III FOR OFFICE USE
PROCESSED BY: _____ DATE: _____