BSS-ES-F2d

Revised March 2017

TEACHER UNIT ALLOCATION REQUEST CLASS DATA SHEET

Name of School:

District Code Number:

Name (Use the name on the Teacher's License)	Social Security Number	Total Years Teaching Experience (whole years)	District Time	Certificate Level _____ Exp. Date	Area(s) of Endorsement	Number Special Education Students Served	

Statement of Assurances (signed by the superintendent of the school district or the head administrator of the State-Licensed facility): I do hereby certify that students served by teachers on the Mississippi Department of Education Personnel Report meet the criteria outlined in the State Board of Education Rule 74.8. Documentation is on file that verifies all criteria are met for each student. Therefore, I request that the University-Based Teacher Unit(s) submitted to the Mississippi Department of Education be approved for funding.

_____

Superintendent/Head Administrator's Signature

_____

Date