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D20-E3-120					Revise	Revised March 2017	
TEACHER UT	TEACHER UNIT ALLOCATION REQUEST CLASS DATA SHEET	REQUES	ST CLA	SS DAT	(A SHEE)	7	
Name of School:			Distri	ct Code	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	
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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. Mississippi Department of Education be approved for funding. 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

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