

**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	Last Four of SSN (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.**

<b>Deferment Period BEGIN Date</b> Current Work Year Start Date (MM/YYYY)	<b>Expected Deferment Period END Date</b> Current Work Year End Date (MM/YYYY)
<b>Cancellation Period BEGIN Date</b> Completed Work Year Start Date (MM/YYYY)	<b>Cancellation Period END Date</b> 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 <b>letterhead certification</b> , 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 1289  
Moon Township, PA 15108

**CONTACT:**

Email: [webcservice@ecsi.net](mailto:webcservice@ecsi.net)  
Phone: 888.549.3274

PART III FOR OFFICE USE  
PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_