TRENTON EDUCATION ASSOCIATION DUAL CERTIFICATION ELIGIBILITY FORM

Name:			XXX-XX-
(Please print) First Nat	me M.I.	Last Name	Last 4 digits of SSN
Current Assignment:	Position / Job Title	@	School / Building
Home Address:			
Phone #'s Home: (_		Work:	
I hold certification in th	e following areas:		
1)		-	
2)	·		
CHECK ONE BOX: [] Documentation for both areas of certification is already on file in my personnel folder in			
the Human Resources Office.			
 Documentation for my original area of certification is already on file in my personnel folder in the Human Resources Office as presented at my initial date of hire; <u>AND</u> I have attached documentation for my second area of certification to this letter. 			
Signature		Date	
DIZHALULE		LALV	
Members: Please DO N If you are fil and get a rec	NOT SEND ORIGINAL cling certificate for the first ceipt.	ertifications to TBO time, bring original	E Human Resources. and a copy to HR

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