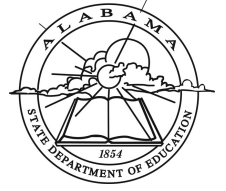




STATE OF ALABAMA
DEPARTMENT OF EDUCATION



Eric G. Mackey, Ed.D.
State Superintendent of Education

April 1, 2026

Alabama
State Board
of Education

MEMORANDUM

Governor Kay Ivey
President

TO: City and County Superintendents of Education

Jackie Zeigler
District I

FROM: Eric G. Mackey *EGM*
State Superintendent of Education

Tracie West
District II

RE: Workforce Seal

Kelly Mooney
District III
President Pro Tem

Pursuant to Act 2024-126, this memorandum provides clarification and implementation guidance to local education agencies (LEAs) regarding the requirements for awarding the Workforce Seal to students who complete coursework within an approved Career and Technical Education (CTE) program of study.

Yvette M. Richardson, Ed.D.
District IV

A Workforce Seal shall be issued by the LEA when a student has earned a minimum of four (4) credits within an approved CTE program of study. All four credits must be earned within the same approved CTE program of study and must be aligned to Alabama CTE standards.

Tonya S. Chestnut, Ed.D.
District V

An approved CTE program of study is defined as a sequence of courses included within an Alabama State Department of Education (ALSDE)-approved CTE pathway and delivered by appropriately certified instructors in accordance with ALSDE requirements.

Marie Manning
District VI
Vice President

The LEAs are responsible for verifying that students have successfully completed the required four (4) credits within an approved CTE program of study prior to awarding the Workforce Seal. LEAs must maintain documentation verifying student eligibility and ensure that all records are available for review by the ALSDE upon request.

Allen Long, M.D.
District VII

Workforce Seals will be issued to the LEAs by the ALSDE based on submitted student eligibility documentation. The LEAs must submit a completed Workforce Seal Submission Form identifying eligible students.

Wayne Reynolds, Ed.D.
District VIII

The Workforce Seal Submission Form is attached to this memorandum. Please complete the form and submit it via email to workforce.seal@alsde.edu by Friday, April 24, 2026. Completed forms must be submitted according to the directions outlined within the submission document. LEAs are encouraged to implement internal review procedures to ensure accuracy and consistency in identifying eligible students prior to submission. Upon verification of eligibility and receipt of Workforce Seals from ALSDE, the seal shall be affixed to the diploma of each eligible student.

Eric G. Mackey, Ed.D.
Secretary and
Executive Officer

City and County Superintendents of Education
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If you have any questions, please contact Mr. Dodd Hawthorne, Assistant State Superintendent, by telephone at 334-694-4907 or by email at dodd.hawthorne@alsde.edu.

EGM:DH:CMF

Attachment

cc: City and County Career and Technical Education Directors
Mrs. Angela Martin
Mr. Dodd Hawthorne
Ms. Dawn Morrison

FY26-2033



**ALABAMA STATE DEPARTMENT OF EDUCATION
CAREER AND TECHNICAL EDUCATION/WORKFORCE DEVELOPMENT**



**Alabama State Department of Education (ALSDE)
Workforce Seal**

FY 2026 Local Education Agency (LEA) Submission Form

Section 1: LEA Information

School Year		
Local Education Agency (LEA)		
LEA Superintendent		
LEA Superintendent Contact Email/Phone	Email:	Phone:
LEA CTE Director/Coordinator		
LEA CTE Director/Coordinator Contact Email/Phone	Email:	Phone:

Section 2: Attestation Statement

By submitting this form, the LEA certifies that the students listed below and/or in the attached roster meet the eligibility requirements established by the ALSDE for the Workforce Seal.

The LEA affirms that:

1. Each student has met the state graduation requirements.
2. Each student has completed the required coursework (a minimum of four credits has been earned by a student in an approved CTE program of study).
3. Documentation verifying eligibility is maintained locally and available for review by ALSDE upon request.
4. The information submitted is true, accurate, and complete to the best of our knowledge.

Section 3: Certification

LEA CTE Director/Coordinator Signature	
LEA Superintendent Signature	
LEA Superintendent Printed Name	
Date	

Section 4: Student Roster (attach an additional spreadsheet if needed)

Student Name	State ID	School	Graduation Year	Career Pathway	Completion Date