State of California
Commission on Teacher Credentialing
1900 Capitol Avenue
Sacramento, CA 95811-4213

Email: credentials@ctc.ca.gov
Website: www.ctc.ca.gov

VERIFICATION OF EMPLOYMENT AS AN ADMINISTRATOR
To be Completed by Employing Agency

1. Personal Information

Applicant's Full Legal Name: _____ _____ _____
　　　　　　　　　　　　　　　　　　First　　　　　　　　　　　　*Middle*　　　　　　　　　　*Last*

Social Security Number (last four digits only): _____

2. Employing Agency

Title of Administrative Position: _____

Date Initial Employment in an Administrative Position is to begin (mm/dd/yy):_____

Name of Employing Agency: _____

Mailing Address: _____
　　　　　　　　　　　　　　　　　　　　　　　Street

_____ _____ _____
　　　　　　　　　City　　　　　　　　　　　　　　　　*State*　　　　　　　　　　　*ZIP*

County of Employment: _____ Telephone: (_____) _____

Name of Immediate Supervisor: _____

Position: _____

Approved by:

_____ _____
　　Name of Employer or Designee (print or type)　　　　　　　　*Title of Employer or Designee*

_____ _____
　　　Signature of Employer or Designee　　　　　　　　　　　　　　　*Date*

3. Tentative Plan for Developing the Individualized Induction Plan

Mentor Tentatively Assigned to Credential Holder: _____

Position of Mentor: _____

Employing Agency:_____

Agency Tentatively Selected for Development of Individualized Induction Plan and Completion of Professional-level
Program:

_____

I am aware that I am expected to enroll in a clear administrative induction program upon placement in an administrative position but no later than one year from activation of the preliminary credential.

_____ _____
　　　　　　　Signature of Applicant　　　　　　　　　　　　　　　　　　*Date*