



State Of California
 California Commission On Teacher Credentialing
 Box 944270
 1900 Capitol Avenue
 Sacramento, CA 94244-2700

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 (916) 445-7254 or (888) 921-2682
 E-mail: credentials@ctc.ca.gov
 Web site: 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: _____

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 (print or type)* *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 must develop an Individualized Induction Plan during my first year of employment as an administrator.

_____ *Signature of Applicant* *Date*