



VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: Verification form must be completed by an authorized **Personnel or Human Resources Designee** for your school (**LAUSD candidates**- Please contact Employee Relations at 213-241-6550). Submit this form with the Induction Program application and other required documentation.

I. TO BE COMPLETED BY CANDIDATE

Candidate's Name: _____ CSUN ID #: _____

I understand I must develop an Individualized Induction Plan during the first 120 days of employment on my Preliminary Teaching Credential with the Induction Program institution and employer designee.

Signature of Candidate Date

II. TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT/AGENCY

Public School Private School Independent Charter Dependent Charter Other

Title of Teaching Position: _____

Date of Initial Employment as a teacher (mm/dd/yy) _____

County of Employment _____

School District _____

Name of School _____

School Address _____

Telephone (____) _____

Name of Immediate Supervisor _____ Position _____

Signature of Human Resources Designee Date

Printed Name of Human Resources Designee Title

III. TENTATIVE PLAN FOR DEVELOPING THE INDIVIDUALIZED INDUCTION PLAN

Name of Support Provider(s) Assigned to new teacher _____

Position Held by Support Provider(s) _____

Support Provider(s) E-mail Address _____

Support Provider(s) Telephone _____