



VERIFICATION OF EMPLOYMENT AS AN ADMINISTRATOR

Candidate's Name: _____ CSUN ID #: _____

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 along with the Clear Administrative Services program application and other required documentation.

TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT/AGENCY

Public School Private School Independent Charter Dependent Charter Other

Does this position require the candidate to hold an administrative services credential: Yes ___ No ___

Title of Administrative Position: _____

Dates of Employment as an Administrator (mm/dd/yy) from _____ to _____

County of Employment _____

School District _____

Name of School _____

School Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Name of Immediate Supervisor _____ Position _____

Signature of Human Resources Designee

Date

Printed Name of Human Resources Designee

Title