



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**

**Personal Information**

Applicant's Full Legal Name: \_\_\_\_\_  
*First* *Middle* *Last*

Social Security Number: \_\_\_\_\_

**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*

**Tentative Plan for Developing the Individualized Induction Plan**

Mentor Tentatively Assigned to Credential Holder: \_\_\_\_\_

Position of Mentor: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Institution 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*