



Verification of Administrative Employment

Verification of offer of employment in an administrative position to be completed by the district office

1. Personal Information

Applicant's Full Legal Name:

(First) (Middle) (Last)

2. Employing Agency

Name of Employing Agency: _____

Title of Full Time* Administrative Position: _____

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

Mailing Address: _____
(Street)

Continued Mailing Address: _____
(City) (State) (Zip)

County of Employment: _____ Telephone: _____

Name of Immediate Supervisor: _____

Position: _____ Email: _____

Approved By:

Name of Employer or Designee (print or type)

Title of Employer or Designee

Signature of Employer or Designee

Date

* Full-time is service for a minimum of four hours per day for at least three-fourths of the total days in the school year. Substitute or part-time service does not apply.

ACSA* Educational Services * Credential Office* 1029 J Street, Suite 500
Sacramento, CA 95814
916- 329-3839