



Educational Services * Credential Office* 1029 J Street, Suite 500
Sacramento, CA 95814

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 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