Los Angeles County Office of Education
Serving Students • Supporting Communities
Leading Educators

Educational Leadership Programs

Clear Administrative Services Credential (CASC)

Verification of Administrative Employment	
Personal Information – Applicant's Full Legal Name:	
_____ (First)	_____ (Middle) _____ (Last)
Title of Administrative Position:	
Date Initial Employment in an Administrative Position has/will begin:	
Employing Agency:	
Mailing Address:	
County of Employment:	*Telephone:*
Approved by:	
Name of Employer or Designee (print or type)	*Title of Employer or Designee*
Signature of Employer or Designee	*Date*
Email	*Phone*

Candidate Commitment Statement	
Please indicate your understanding by initialing each statement	
	I understand the program with Leadership Coaching is a two-year commitment
	I understand Leadership Coaching fees are $4,100 **each** year of the two (2) year program
Clear Credential Financial Obligation Option	
	* My employer will pay for all costs associated with the Credential Program for the two years. Person responsible for financial obligation **must** sign below accepting responsibility as the District Representative. A contract will be forthcoming. No deposit required. (**If my employer fails to pay for any portion of my tuition, I will need to pay any remaining balances)**
OR:	
	* My employer will contribute $_____ per year toward the Credential Program, I will be responsible for the balance. Person responsible for financial obligation **must** sign below accepting responsibility as the District Representative. **No deposit required.** **(If my employer fails to pay for any portion of my tuition, I will need to pay any remaining balances)**
OR:	
	I will pay all costs associated with the Credential Program for two years. A deposit of $500 will be credited to your tuition
Person responsible for payment signs below (If both the Candidate and District are paying, both must sign)	
Credential Candidate (print name)	** District Representative (print name)*
Signature	** District Representative Title*
Date	** District Representative Signature*
	** District Representative Email*