



Educational Leadership Programs



Verification of Administrative Employment

Personal Information – Applicant’s Full Legal Name:

_____	_____	_____
<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>

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.
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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.
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OR:

	I will pay all costs associated with the Credential Program for two years. A deposit of \$500 will be credited to your tuition
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(Person responsible to payment signs)

-or-

Credential Candidate (print name)	* District Representative (print name)
Signature	* District Representative Title
Date	* District Representative Signature
	* District Representative Email