



**Los Angeles County
Office of Education**

Educational Leadership Programs

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

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:

LACOE Division:

Mailing Address:

County of Employment:

Telephone:

Approved by:

Name of HR Representative Designee (print or type)

Title of HR Representative or Designee

Signature of HR Representative 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 CASC Program fees are \$3,950 each year of the two (2) year program. If I do not complete the program, I will have to pay all costs.

Clear Credential Financial Obligation Verification and LACOE Endorsement of Candidate

*I, as the LACOE Division Director have determined the employee has demonstrated leadership capacity and support of LACOE Strategic Pillars. Additionally, the employee has exemplified LACOE Professional Standards and uplifts the goals and objectives of the organization set forth by the County Superintendent of Schools (Division Director must initial)

* My employer will contribute \$_____ per year toward the Credential Program. Cabinet Level Representative must initial in the space provided. The employee will not be required to submit an initial deposit.

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 to payment signs)

-or-

Credential Candidate (print name)

* LACOE HR Representative (print name)

Signature

* LACOE HR Representative Title

Date

* LACOE HR Representative Signature

* District Representative Email