



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

LACOE Educational Leadership Programs Preliminary Administrative Services Credential (PASC)

Verification of Employment

Personal Information – Applicant's Full Legal Name:

(First)

(Middle)

(Last)

Current Position:

Date Initial Employment began:

LACOE Division:

Mailing Address:

County of Employment:

Telephone:

Approved by:

Name of HR Representative or 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 Preliminary Administrative Services Credential program is a one-year commitment

I understand PASC fees are \$7500.00 and that if I do not complete the program I will be responsible to pay the full amount.

Preliminary Credential Financial Obligation and Candidate Endorsement

* I as the LACOE Division Director have determined the employee has demonstrated leadership capability 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 one year. 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

* LACOE HR Representative Email