



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:

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 Preliminary Administrative Services Credential program is a one-year commitment

I understand PASC fees are \$8000.00

Preliminary Credential Financial Obligation Option

* My employer will pay for all costs associated with the Credential Program for one year. Person responsible for financial obligation **must** sign below accepting responsibility as the District Representative. A contract will be forthcoming. No deposit required.

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.

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)

* District Representative (print name)

Signature

* District Representative Title

Date

* District Representative Signature

* District Representative Email