



**TCSJ Administrative Clear Credential - Signed Employer Agreement**

*To be Completed by Employing Agency*

<b>1. Personal Information</b>	
Applicant's Full Legal Name: _____	
<i>First</i>	<i>Middle</i>
<i>Last</i>	
Social Security Number: _____	
<b>2. Employing Agency Information</b>	
Title of Administrative Position: _____	
Date Initial Employment in an Administrative Position is to begin (mm/dd/yy): _____	
Name of Employing Agency: _____	
Mailing Address: _____	
<i>City</i>	<i>State</i>
<i>Zip</i>	
County of Employment: _____ Telephone: (____) _____	
Name of Immediate Supervisor: _____ Position: _____	
<i>Employer Approval: I understand the requirements of the TCSJ Clear Administrative program and support my employee's participation.</i>	
_____	
<i>Name of Employer or Designee (print or type)</i>	<i>Title of Employer or Designee</i>
_____	
<i>Signature of Employer or Designee</i>	<i>Date</i>
<b>3. Tentative Plan for Developing the Individualized Induction Plan</b>	
Coach Tentatively Assigned to Credential Holder: _____	
Position of Coach: <u>Leadership Coach, Teachers College of San Joaquin</u>	
Employing Agency: <u>Teachers College of San Joaquin/San Joaquin County Office of Education</u>	
Agency Tentatively Selected for Development of Individualized Induction Plan and Completion of Professional-level Program: Teachers College of San Joaquin	
<i>I am aware that I must develop an Individualized Induction Plan during my first year of employment as an administrator.</i>	
<b>4. Applicant Signature</b>	
_____	
<i>Signature</i>	<i>Date</i>