RECOMMENDATION FORM (41-REC ADMIN)

This form is to be completed by a California public school employer and a Commission-approved Preliminary Administrative Services program for candidates with three to five years of teaching and/or services experience. Submit the form to the Commission with the 41-4 application form, appropriate fees, and supporting documentation as appropriate.

Name of Applicant _____ SSN: _____
First Middle Last

Employing Agency
Name of Employing Agency _____

County/District/CDS Code _____

Beginning Date of Service as an Administrator _____

By submitting this form, the employing agency named above verifies that items 1-3 have been completed:

1. A diligent search has been conducted for a suitable credentialed administrator, but no suitable fully credentialed individual is available for employment.
2. Mentoring and support will be provided to the individual until he/she has a total of five years of full-time teaching, services, and/or administrative experience.
3. Individual possesses an appropriate, valid clear or life teaching or services credential.

Employing Agency Certification
This section must be signed by the District/County Superintendent, Personnel Administrator, NPS/NPA or Charter School Administrator, or Designee.

I certify under penalty of perjury that the information provided in the section above is true and correct.

Signature _____

Name and Title (please print) _____

Date _____ Email Address _____

Approved Preliminary Administrative Services Program
As the authorized representative of the recommending authority, I have reviewed the applicant's credential application, preparation, and/or experience and certify that the applicant has completed the requirements checked below for a Preliminary Administrative Services Credential:

- ☐ Baccalaureate or higher degree
- ☐ Basic Skills Requirement
- ☐ Professional Preparation Program
- ☐ Meets the standards outlined in the California Professional Standards for Education Leaders (CPSEL)

Completion Date of Program _____

Authorized Signature _____ Date _____

Name and Title _____

Contact Phone Number _____ Email Address _____