



PRELIMINARY RESOURCE SPECIALIST ADDED AUTHORIZATION Employment Statement

Submit this statement with each application for a Preliminary Resource Specialist Added Authorization.

Name of Applicant: _____

Social Security Number: _____

The applicant, if granted the Preliminary Resource Specialist Added Authorization, will be employed as a resource specialist in the following school and/or district in the county named:

Name of School: _____

Name of District: _____ CDS code: _____

Name of County: _____ CDS code: _____

I hereby certify that the applicant will engage in a course of study for the Clear Resource Specialist Added Authorization and that all of the information contained in this statement is true and correct.

District Superintendent: _____
Name Signature Date

County Superintendent: _____
Name Signature Date

- Service in a public school or school district requires the signature of the district superintendent. Service in a county office or a non-public school requires the signature of the county superintendent of schools only. Service in a state agency requires the signature of the head of the agency only.

Reference: Title 5, California Code of Regulations, Section 80070.1 through 80070.8