



Certified Instructional Leader Program Offered by CLAS

Candidate Employment Verification Form

Directions: Complete your information below and give the form to your Superintendent to complete and submit. This form must be completed by the school system's Superintendent.

Superintendent: _____

School System: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

By my signature, I hereby authorize the Council for Leaders in Alabama Schools (CLAS) to verify information regarding my employment. I further authorize my Superintendent (or my system) to release my employment information to CLAS and hereby release them from any liability related to the issuance of this information. I also attest that this information is true and understand that if I misrepresent or falsify information on this form, my application shall be revoked.

Candidate Signature _____
Date

Candidate Full Name (Print)

Superintendent: Complete the following section, sign, and submit via email to pd@clasleaders.org by May 3, 2024.

- a) How many years has the employee been employed as an administrator with your system under a valid Administrative Certificate? _____
- b) If less than 5 years, where did the employee work prior to employment in your system?

Signature _____
Date

Full Name (Print)

Title (Print)