



## Supervisor Endorsement Statement

**\* Date.**

**\* Instructional Faculty Candidate Name.**

**\* School Site/Office Name.**

**\* School Site/Office Address.**

**\* Supervisor Name.**

**\* Supervisor Email Address.**

*My signature below certifies that I have observed the above-named candidate and discussed their instructional aptitude for an Instructional Faculty position within the LAUSD Human Resources Division - Intern Credentialing and Added Authorization Program (iCAAP). I offer my full endorsement of this candidate for this position. I understand that all additional faculty duties and responsibilities will occur outside the regular working hours of this candidate.*

**\* Signature.**

**General Comments (optional).**