**REQUIRED: Submitting School District/COE Logo/Letterhead**

Not for use by:

* Non-Profit Organizations
* For-Profit Organizations
* Licensed Family Child Care Owners

DATE:

To: CA ECE Workforce Registry

Re: Employer Administrative Access

I understand that employer Administrative Access includes access to qualification documents and verified qualification data, and employment data, such as job title and compensation. I am requesting that you grant Employer Administrative Access on the CA ECE Workforce Registry, to the following individual(s), for the facilities listed below:

* FIRST AND LAST NAME, JOB TITLE
* FIRST AND LAST NAME, JOB TITLE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Count of Sites | Site name (Also Known As) | Site Name with  Community Care Licensing | License # or “Exempt” Status | Address  *(Street, Unit, City, CA, Zip)* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

[Add additional rows if more than 4 sites]

## I will contact the CA ECE Workforce Registry at [registryemployeraccess@ccala.net](mailto:registryemployeraccess@ccala.net) within 24 hours of the individual(s) leaving employment or are no longer assigned to this task.

Please feel free to contact me if you have any questions or concerns.

<SIGNATURE>

<INSERT FIRST AND LAST NAME>  
<INSERT TITLE >

<INSERT EMAIL>

**[Include your Federal Employer Identification # or Federal Tax ID #]**

[Must be the Assistant Superintendent, the legal signatory for the organization]

\*The legal signatory is the personnel authorized to sign off on legal binding documents within your organization.