

Commission on Teacher Credentialing

1900 Capitol Avenue Sacramento, CA 95811 (916) 322-4974

Division of Professional Practices

NOTIFICATION OF CREDENTIAL HOLDER'S CHANGE IN EMPLOYMENT STATUS DUE TO ALLEGATIONS OF MISCONDUCT (CALIFORNIA CODE OF REGULATIONS, TITLE 5 SECTION 80303)

<u>SECTION 1:</u> Name of Credential Holder:		
		Incident Date(s):
Employment Start Date:	Employment End Date:	Date of Final Action:
Final Disciplinary Action:		Board Approval Date:
Current Address:		
Position, Title, School Site:		
Employing School District:		COE:
Contact Person:	Co	ontact Number:
SECTION 2: Please attach all of the following documents pursuant to Section 80303(b) - if applicable: □ Notification Form □ Cover Letter (Summary of Case) □ Notice of Intent to Dismiss/Suspend □ Statement of Charges/Accusation □ Request for a CPC Hearing and Hearing Dates □ Final Decision (District/CPC)		ion Written Statement(s) of: Victim(s) Witness(es) Parent/Guardian(s)
		□Contact Information* Name, Address, Phone Number of: Victim(s) Witness(es) Parent/Guardian(s)
□ Final Decision (District/ □ Letter of Resignation or □ Board's Acceptance □ Settlement/General Relea □ Copy of Signed Contract □ District Investigation Repor □ Law Enforcement Repor □ Other	Retirement ase Statement port(s) t(s) Police/Court	SECTION 3:All Other Relevant Documents:□Copies of Emails/Text Messages□Computer Printouts (Hard Copy)□Correspondence with Employee□Photographs□Video Evidence
*NOTE: Parent permission is obt	idents. □Copies of Facebook, Instagram, etc □Other	

Email Reports & Supporting Documents To: <u>ReportAnEducator@ctc.ca.gov</u>

*When reporting an educator, please submit one report electronically to the above referenced email address. Duplicative reporting is not necessary. Thank you

If you have any questions, Dominick Conde can be reached at the above email address or by calling (916) 324-5678.