Sacramento City Unified School District

Human Resource Services

CSET Preparatory Session and/or Test Registration for Human Resource Services Approval

Please fill out the information listed below and return to the attention of: Cancy McArn, Director, Human Resource Services, Box 770.

| Name: | | | | | |
|--|--|---------------------------------------|--------|--|---|
| Street Address: | | | | | |
| City/State/Zip Code: | | | | | |
| Position Title: | | | | | |
| School/Department: | | | | | |
| Work Phone: Last Four Digit | | s of Social Security Number: | | | |
| I would like to register for: CE CSET Preparatory Session and Test CE CSET Test Only | | | | | |
| Signature: | | | | Date: | |
| | | | | | |
| For Human Resource Services Use Only | | | | | |
| Ϋ́Ϋ́ | Approval of CSET Preparatory Session and Test Denied CSET Preparatory Session and Test | | Ϋ́ | Approval of CSET Test Denied CSET Test | |
| Ϋ | Notification Letter Sent to Employee | | | | |
| Ϋ́ Ϋ́ Ϋ́ | Receipt Received Copy of Evidence of CSET Comp District to Reimburse Employee; | letion Receipt Number ₋ | | (date) | _ |
| Y | Sent to Accounts Payable | | (date) | | |