**APPENDIX F**

**SUPERVISORY OFFICER SELECTION**

**Confirmation of Intent**

|  |  |  |
| --- | --- | --- |
| **Date** |  |  |
| **Candidate Name:** |  |  |
| **Position** |  |  |
| **Learning Centre (if appropriate)** |  |  |
| **Immediate Supervisory Officer/ Supervisor:** |  |  | **Telephone:** | **E-mail:** |
| **Executive Superintendent (or equivalent):** |  |  | **Telephone:** | **E-mail:** |

|  |
| --- |
| **Signatures** |
| **Candidate Signature** |  | **Date** |
|  |  |  |
| **Immediate Supervisory Officer/Supervisor Signature** |  | **Date** |
|  |  |  |
| **Executive Superintendent or Designated Associate Director** |  | **Date** |