

**APPENDIX G**

SUPERVISORY OFFICER SELECTION

# 2020

# Recommended Referees Form

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| --- | --- |
| Candidate Name: |  |
|  |  |

Please provide names of referees as outlined below (immediate Superintendent/ Supervisor must be included)

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **E-mail** |
|  |  |  |
| 2. |  |  |
| 3. |  |  |