

**SCHOOL SERVICES OF CALIFORNIA
INTERIM ADMINISTRATOR RESOURCE FILE**

POSITION AVAILABLE TO SERVE: SUPERINTENDENT CHIEF BUSINESS OFFICIAL

Please complete any of the following that are applicable:

Desired type of district: Elementary High School
 Unified Community College
 Desired district ADA: _____(minimum) to _____(maximum)
 Desired length of contract: _____(minimum) to _____(maximum)
 Geographical Preference: _____
 Unique Limitations: _____

I am presently working on an interim assignment and expect it to end on _____

| | | | |
|------------------|------------------------------------|------------|-------------|
| | Month | Day | Year |
| Name: _____ | Today's Date: _____ | | |
| Address: _____ | Home Phone: () _____ | | |
| _____ Zip: _____ | Office Phone: () _____ Ext: _____ | | |
| | Cell Phone: () _____ | | |
| | E-mail address: _____ | | |

RECORD OF PROFESSIONAL EDUCATION (Verification of degree(s) may be required)

| Institution | Dates | Major | Degrees |
|-------------|-------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

RECORD OF PROFESSIONAL EXPERIENCE (List most recent experience first)

| Title | Dates of Employment | District | Enrollment | Salary |
|-------|------------------------|----------|------------|--------|
| _____ | _____ - _____ | _____ | _____ | _____ |
| _____ | _____ - _____ | _____ | _____ | _____ |
| _____ | _____ - _____ | _____ | _____ | _____ |
| _____ | _____ - _____ | _____ | _____ | _____ |

Please return this form, with requested references and a current resume to:

Interim Administrator Resource File

Attention: Melanee Spendlove
 School Services of California, Inc.
 1121 L Street, Suite 1060
 Sacramento, California 95814
 (916) 446-7517 • FAX (916) 446-2011
 www.sscal.com

**INTERIM ADMINISTRATOR RESOURCE FILE
REQUESTED REFERENCES**

Please provide a comprehensive list, including home and office phone numbers, of references in the following applicable categories:

SUPERINTENDENT (if applicable)

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home Phone: (____) _____

BOARD MEMBER

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home Phone: (____) _____

SITE PRINCIPAL OR DIRECTOR LEVEL

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home Phone: (____) _____

PERSONAL SECRETARY OR ASSISTANT

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home Phone: (____) _____

ANY OTHER:

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home Phone: (____) _____

Today's Date _____