

**INTERIM CBO & HR REGISTRY 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/Cell Phone: (____) _____

BOARD MEMBER

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

SITE PRINCIPAL OR DIRECTOR LEVEL

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

PERSONAL SECRETARY OR ASSISTANT

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

ANY OTHER:

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

Today's Date _____

Save and Email to joannad@sscal.com