ACADEMIC SUPERVISORY OFFICER SELECTION PROCESS

# 2017

# Recommended Referees Form

**Candidate Name:**

Please provide names of referees as outlined below.

**Superintendent of Education/Immediate Supervisor**: *(you may also provide the name of your previous Superintendent of Education if you have worked with current for less than one year)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **E-mail** |
|  1. |  |  |
|  2. |  |  |
|  3. |  |  |
|  4. |  |  |

**Please submit this form along with your supporting documents by**

**Thursday, September 7, 2017 at 4:00 p.m. to:**

**Joyce Harrison, Executive Assistant,**

**Employee Services Office, 5050 Yonge Street 4th Floor or at joyce.harrison@tdsb.on.ca**