SANTA MARIA INDEPENDENT SCHOOL DISTRICT
RECOMMENDATION FORM

Campus/Dept. _____ **Date:** _____

Position (Grade / Subject) _____

Replacement for: _____

Reason for replacement: _____

Funding Acct. #: _____

List of Applicants Interviewed	Interview Committee Members	
1.		
2.	Name	Position
3.	Name	Position
4.	Name	Position
5.		
6.		
7.		

Applicant Recommended: _____

_____ _____

Principal/Administrator Signature (or Designee) **Date**

_____ _____

Superintendent's Signature (or Designee) **Date**

It is the policy of Santa Maria ISD not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.