

**Policy Council/Committee
Interview Committee**

APPROVAL FORM

Interview date: _____

Position: _____ Vacancy #: _____ RHS EHS MHS

Method of Approval: Regular Meeting Special Meeting Teleconference

Acceptable candidate:

Participants on the interview committee:

Team Leader:

Parent:

The committee found the above candidate acceptable for the position and the recommendation was presented and approved by the respective Policy Council/Committee:

<input type="checkbox"/> Central California Migrant Head Start Policy Council	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Stanislaus Head Start Policy Council		
<input type="checkbox"/> SCOE Policy Committee		
	_____ Chairperson/President Signature	_____ Date

<input type="checkbox"/> Governing Body
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
_____ Superintendent (or Designee) Signature
_____ Date

White-Human Resources Yellow-Delegate/Grantee Central Office