

Leadership Academy Applicant: _____ Department of Applicant: _____

Name of Immediate Supervisor: _____

Do you support this employee's application to the Leadership Academy?

YES

NO

If no, please detail: *

1. Why specifically do you not support this employee's application?
2. What would enable you to support this applicant now and/or in the future?

Please add anything else you would like in support of this employee's application to the Leadership Academy.

(Optional)*

Signature of Immediate Supervisor: _____

*You may attach a typewritten page(s) to respond to either or both of these sections

Leadership Academy Applicant: _____

Name of Recommender: _____

Position: _____

Capacity and length of time you have known applicant: _____

Please detail the following: *

1. How have you seen this applicant lead?
2. What do you think this applicant has to offer as a participant in the Leadership Academy?
3. What could the Leadership Academy offer that would be of most benefit to this applicant's development as a leader?
4. Is there anything else you think the selection committee should know about this applicant?

Please see attached letter

Signature of Immediate Supervisor: _____

*You may attach a typewritten page(s) to this form if desired. Please return all documents to the applicant to be submitted with the entire application.