



Staff Leadership Institute Approval Form

Dear Supervisor/Department Head/Manager:

We are very pleased that a staff member within your department/unit has decided to apply for participation in the Staff Leadership Institute. Submission of this approval form is required for participation in the Institute. Please provide below the phone number at which you are most easily reached for this discussion (if necessary).

Approval forms must be received by the deadline to be considered for **2014 Institute**.

Supervisor Information: (Please Type)
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Supervisor's Name _____ Title _____

Office/Department Address _____ Phone_(601) _____

E-Mail _____ @jsums.edu _____

Applicant Information: (Please Type)

Name of Applicant: _____

Leadership Duties and Experience

1. Is the applicant a staff member? Yes No
2. Is the applicant in a leadership position? Yes No
3. How long has the applicant been in this position? ____
4. Is the applicant's position one of significant responsibility? If so, please briefly describe areas of responsibility.

Nominee Signature:

By submitting this form, I agree that I will provide the support necessary for the applicant's participation.

Signature _____ Date _____