New Manager Orientation Program

Participant Statement of Commitment

Please carefully read and sign the following Participant Statement of Commitment.

As a participant in the New Manager Orientation Program, I understand that I will make my participation in all aspects of this program including pre-session assignments and session attendance a priority.

All costs associated with the program delivery are funded by Human Resources Services. The supporting supervisor must allow the participant release time to participate in scheduled sessions. I understand that if I miss more than two sessions of the program, I may be ineligible to complete the program, and my department may be assessed an administrative fee not to exceed \$500. A "session" is defined as any full-day classroom session or portions thereof equaling two days of classroom time.

time.	
	program with my direct supervisor and with my direct reports to help ensure that operations, as a result of my attendance in this program, will be minimized.
I am a member of (please check one): \Box	TMG, \square MUALA, or \square MUFA with supervisory responsibilities.
My signature below indicates that I have	read and agree to the preceding statement of commitment.
Applicant's Name (Please print clearly)	
Applicant's Signature	Date
	Supervisor Statement of Support
Please carefully read and sign the following	ng Supervisor Statement of Support.
I understand that the participant will be e understand the participant statement of c	expected to make his/her participation in this program a priority. I have read and commitment above.
In order to support the participant's succ	ess in the program, I agree to the following:
present conflicts with the pre-	ly participate by not introducing meetings, deadlines, or other job activities that ogram sessions. scussion and debriefing related to the program content.
My signature below indicates that I have	read and agree to the preceding statement of support.
data will be stored in whole or in part in	specting the privacy of its customers' personal information. Some of your contact the United States by Intelliworks Inc., a customer relationship management (CRM plete disclaimer or do not provide your consent, please contact Nancy Buschert at
Supervisor's Name (Please print clearly)	Supervisor's Email Address

Date

Supervisor's Signature