**sUPERVISORY LEADERSHIP CERTIFICATE PROGRAM**

**AND LEADERSHIP GREEN BAY INTEREST FORM**

|  |
| --- |
| **Employee**  |
| Employee Name: |  |
| Date: |  |
| Title: |  |
| Department: |  |
| Supervisor: |  |
| Which program are you interested in? | Choose an item. |
| Why are you interested in this program (required): |  |
|  |
| **Supervisor (complete and submit to Area Leader)** |
| Supervisor Comments (required): |  |
|  |  |
| **Signatures** |
|  |  |  |
| Supervisor  |  | Date |
|  |  |  |
| Dean/Division Head (if applicable) |  | Date |
|  |  |  |
| Area Leader  |  | Date |
|  |
| **Position Review** |
| **[ ]** Approved[ ]  Denied[ ]  Wait Listed | Notes: |  |