

UMaine Supervisor Development Institute

Application Form

Please complete and return to:
Human Resources Office
243 Corbett Hall
Fax: 581-1548

Name: _____

Current title: _____ Department: _____

University address: _____

E-mail: _____ Phone number: _____

UMaine employment history: _____

Date you became a UMaine supervisor: _____

Name(s) of employee(s) you supervise: _____

Supervisory experience (please list positions both with and outside of UMaine, including dates):

What are your goals in participating in the *Institute*?

Signature: _____ Date of application: _____

Supervisor's signature: _____ Date: _____

Supervisor's printed name: _____

The Supervisor Development Institute defines a supervisor as someone who:

- oversees the day-to-day work of another regular employee
- is responsible for annual performance assessment of one or more employees
- is responsible for disciplinary or recommendations concerning one or more employees performance

Questions? David Scheidt, 581-2365