



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

Classified Professionals Training Academy Immediate Management Supervisor Statement of Support

IMS,

Please submit your Statement of Support to profdev@nocccd.edu by Feb 28, 2025. For any questions, contact Amita Suhrid via asuhrd@nocccd.edu.

Applicant's Name: _____

Title: _____ Location: _____

Name of Supervisor: _____

Title: _____ Location: _____

Supervisor's Phone: _____ Email: _____

1. How long has this applicant worked with you?
2. Why are you recommending this person's participation in the Classified Professionals Training Academy, and how would the applicant benefit from participating?

The Classified Professionals Training Academy is designed to serve the District, campus, department, employees, and, ultimately, our students. Participants must attend all Academy activities throughout the year. Additionally, the participants will have pre- and post-session work to complete to get the most out of the Academy. Please take your staffing needs into consideration when recommending this applicant. For more information, please see the program brochure at: [LINK](#).

If selected, I agree to support this candidate by providing the time and resources necessary to complete the requirements of the Classified Professionals Training Academy.

Signature: _____

Print Name: _____

Date: _____