NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

Leadership Academy
Immediate Management Supervisor Statement of Support

IMS,
Please submit your Statement of Support to Amita Suhrid-Cherewick's email - asuhrid@nocccd.edu by Friday, April 30, 2019. For any questions, call 714-808-4805.

Candidate's Name: _____

Title: _____ **Location:** _____

Name of Supervisor: _____

Title: _____ **Location:** _____

Supervisor's Phone: _____ **Email:** _____

1. How long has this candidate worked with you?

2. Why are you recommending this person's participation in the Leadership Academy and how would the candidate benefit from participation?

The Academy is designed to serve the District, campus, department, employees, and ultimately, our students. It is important that participants attend all Academy activities throughout the year. Additionally, the candidate 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.

I agree to support this candidate, if selected, by providing the time and resources necessary to complete the requirements of the NOCCCD's Leadership Academy.

Signature: _____

Print Name: _____

Date: _____