

Additional information about this program, including course descriptions, can be found on the Learning and Development Page.
Please return this form electronically to hr-odcont@mail.pitt.edu or by Campus Mail to FSDP, 500 Craig Hall.

Employee Name:	<input type="text"/>	Supervisor Name:	<input type="text"/>
Employee Email:	<input type="text"/>	Supervisor Email:	<input type="text"/>
Work Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Job Title:	<input type="text"/>	Job Title:	<input type="text"/>
Department:	<input type="text"/>	Department:	<input type="text"/>

Why is this nominee a suitable candidate for this program?
What are the benefits to the nominee for completing this program? In current position? For possible future opportunities?
How will the department benefit, in the short-term and long-term, if the nominee completes this program?
Please share any other information about the nominee or the department's needs that will assist us in evaluating this nomination.

Nominee: I agree to fully participate if selected.

Nominee's Signature

Date

Supervisor: I certify this nominee is a suitable candidate for this program, and if selected, I will support this nominee's participation.

Supervisor's Signature

Date