

Essential Work Skills: Steps to Success in Your Job

TRAINING PROGRAM NOMINATION FORM

Nominee's Name (First MI Last)		Date Submitted
Employee Assignment Number		Date of Hire
Messenger Mail Address		
Working Job Title		Nominee's Work Phone
Department Name & Org ##		Nominee's Email (if available)
Work Shift	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening	Supervisor's Work Phone
Supervisor Name (First MI Last)		Supervisor's Email (if available)
Nominator is (circle one): Supervisor of Nominee Alumni of Essential WorkSkills Program Other		
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 in the long term - if the nominee completes this program?		
Please share any other information about the nominee or about the department's needs that will assist us in evaluating this nomination.		
Nominee's Signature: <i>I agree to fully participate if selected or I will notify University Human Resources if I am unable to attend and I will complete the make up assignment.</i>		
Signature _____		Date _____
Supervisor's Certification: <i>I certify this nominee is a suitable candidate for this program and, if selected, I will support this nominee's participation.</i>		
Signature _____		Date _____
Department Head or /HR Manager Certification: Please provide any additional remarks regarding this nomination:		
<i>I support this nominee's participation in the program and I understand completion of the program earns the nominee a \$600 base salary increase.</i>		
Signature _____		Date _____ PATEO to be charged for salary increase _____
Submit the completed and signed nomination form to: Diane Ober dwo4q@virginia.edu UVa Human Resources at P.O. Box 400803, Fax of signed form is acceptable. Fax ## 434-243-7786		