SUPERVISOR’S ASSESSMENT

Applicant's Name: ___________________________________________  Date: _____________________

Department: ______________________________________________________________________________

Supervisor's Name: _________________________________________________________________________

Supervisor's Signature: ______________________________________________________________________

Department Head’s Signature: ______________________________________  Date: ___________________

Return completed assessment by FRIDAY, APRIL 18, 2014 to Julia Sanchez, Campus Human Resources, Training and Development 10920 Wilshire Boulevard, Suite 200 Mailcode 146548 or email to JuliaSanchez@chr.ucla.edu. You may send it with applicant’s packet or to me directly.

Please submit a letter or recommendation to help evaluate the applicant's participation in the Professional Development Program. Please include:

- Managerial/leadership skills demonstrated by the applicant
- Special achievements
- Program endorsement