

SA LDI APPLICANT INFORMATION (PLEASE PRINT)



DIVISION OF STUDENT AFFAIRS

LEADERSHIP DEVELOPMENT INSTITUTE

2007 - 2008 PROGRAM

LAST NAME: _____ FIRST NAME: _____

SA DEPT / UNIT: _____

PAYROLL TITLE: _____

WORKING TITLE: _____

YEARS IN CURRENT JOB: _____ YEARS WITH UC (SYSTEMWIDE): _____

YEARS WITH SA DIVISION: _____ YEARS WITH DEPARTMENT: _____

CAMPUS ADDRESS: _____

CAMPUS PHONE NUMBER: () _____

CAMPUS FAX NUMBER: () _____

CAMPUS EMAIL ADDRESS: _____

YOUR SUPERVISOR'S INFORMATION (PLEASE PRINT)

APPLICANT'S LAST NAME: _____ FIRST NAME: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PHONE NUMBER: () _____ EMAIL ADDRESS: _____

APPLICANT'S WORK HISTORY

Please attach a copy of your latest resume or CV, showing your work history, and a copy of your current job description.

(For information and assistance in writing a resume, please see the Career Center information at

<http://career.berkeley.edu/Tools/Resume.stm>)

APPLICANT'S STATEMENT OF INTEREST

(NOTE: THIS SECTION TO BE COMPLETED BY THE APPLICANT)

Please attach your Applicant's Statement of Interest essay that answers the following five questions.

1. What do you hope to gain by participating in LDI?
2. What are your leadership strengths?
3. In what areas would you like to grow as a leader?
4. What are some contributions you have made to SA, or examples of when you have taken initiative or demonstrated leadership in your given department?
5. How have you demonstrated a desire or ability to work collaboratively with your colleagues?

APPLICANT- PLEASE GIVE PAGE 3 OF THE APPLICATION TO YOUR SUPERVISOR TO COMPLETE.

APPLICATION DEADLINE

ALL APPLICATIONS AND SUPPORTING DOCUMENTATION ARE DUE BY **5:00 P.M., FRIDAY, SEPTEMBER 7, 2007**

SEND TO:

Gary Lee, HR Director, Student Affairs

Mail Address: 130 California Hall, Berkeley

Mail Code: 1504

FAX: 510 642-8153

Email Address: gmhlee@berkeley.edu

Applications will be received and held in the strictest of confidence.

CONFIRMATION OF ELIGIBILITY

We mutually agree that the applicant is eligible for and can apply to Student Affairs Division LDI Program:

APPLICANT'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S STATEMENT OF SUPPORT

(TO BE COMPLETED BY THE SUPERVISOR ON BEHALF OF THE APPLICANT)

APPLICANT'S LAST NAME: _____ FIRST NAME: _____

SA DEPT / UNIT: _____

SUPERVISORS — PLEASE PROVIDE A STATEMENT OF SUPPORT BY ANSWERING THE FOLLOWING QUESTIONS:

1. How will your direct-report's participation in the SA LDI Program benefit your department and / or SA?
(Also, please provide some specific examples of the contributions your direct-report has made to your department or to SA.)
2. At this time do you foresee any special circumstances or work related issues which might affect your direct-report's ability to actively participate in this LDI cohort group session, i. e., a recent reorganization, high peak time for his / her areas of responsibility, etc.?

SUPERVISORS — PLEASE ACKNOWLEDGE WITH YOUR INITIALS BELOW:

1. APPLICANT MEETS SATISFACTORY AND ABOVE PERFORMANCE AT LAST EVALUATION.
YES _____ NO _____
2. I AM ABLE TO ATTEND FIVE, ONE-HOUR SUPERVISOR MEETINGS THROUGHOUT THE PROGRAM.
YES _____ NO _____

SUPERVISORS — PLEASE COMPLETE THIS STATEMENT OF SUPPORT AND SEND IT DIRECTLY TO:

Gary Lee, HR Director, Student Affairs
Mail Address: 130 California Hall, Berkeley
Mail Code: 1504
FAX: 510 642-8153
Email Address: gmhlee@berkeley.edu
Due: 5:00 P.M., FRIDAY, SEPTEMBER 7, 2007
Questions? Please contact Gary Lee at 510 643-2110

SUPERVISOR'S NAME: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____