

## Notification Form - Supervisor

**Employee's Name:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Classification/ Position Title:** \_\_\_\_\_

The employee named above expressed interest in participating in the Career Pathway: Administrative Professional Program offered through the Staff Center at CSUSM. I understand the program entails four (4) sections including core courses, technical courses, experiential learning, and a capstone over a six (6) month period.

- Core courses and activities: 16 online courses plus additional activities and optional courses covering topics within introspection, organization, professionalism, relationship management, critical thinking and problem-solving, and communication.
- Technical courses: Five (5) courses and one (1) elective
- Experiential Learning component: one course or experience (networking, presentation delivery, service-learning)
- Capstone: Program portfolio project

All core courses are online courseware available 24/7 with internet connection. Technical courses can be tailored to my computer proficiency and completed online. Electives are a combination of courses, demonstrations, and volunteer opportunities. The capstone is a facilitated discussion offered at the end of the program.

As the employee's supervisor, I acknowledge that I have been properly advised that I am aware of the interest of the employee named above's interest in participating in the career pathway program. I will allow release time, when appropriate and in compliance with the employee's collective bargaining agreement. Participation in this program is optional and voluntary: does not guarantee stipends, bonuses, reclassifications, promotions, and/or transfers.

**Supervisor/MPP Name:** \_\_\_\_\_

**Supervisor/MPP Email:** \_\_\_\_\_

**Supervisor/MPP Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_