

**Supervisor Endorsement Form** (Rev. 7-11-20)

**(*To be completed and signed by Applicant’s Supervisor*)**

As the supervisor of , I have read the description and participant expectations of the [2020-2021 Region IV Public Health Leadership Institute](http://www.r4phtc.org/2020-2021-public-health-leadership-institute-applications-due-july-30-2020/). If the applicant is selected, I agree to all of the following:

1. I will allow time off from regularly assigned duties for her/him to participate in all required activities of the 8-month PHLI experience including: (estimated to be 40 total hours)
	1. Virtual retreat (est. 16 hours Nov. 2-6, 2020) and virtual sessions (est. 12 hours)
	2. Intersession activities (est. 12 hours)

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| Time Period | Activity |
| October 13, 2020 10-11:30am ET | Virtual Orientation |
| November 2-6, 2020 \* | Virtual PHLI Session 1 Retreat (est. 12-3pm ET) |
| December 2020 – May 2021Tuesdays @ 10-11:30am ET | Virtual Sessions: Dec 1, Jan 12, Feb 2, Mar 2, Apr 6, May 4 |
| May 4, 2021 | Final Virtual Session @ 10-11:30am ET |

\* Due to travel safety, a virtual retreat will be held Nov 2-6, 2020 from approximately 12-3pm ET. More information will be available in September for those that are accepted. An in-person meeting may be considered in the future, travel safety permitting.

1. I will encourage the participant’s use of newly developed knowledge, skills, attitudes, and competencies in her/his work.

**In what ways do you hope this applicant’s participation will benefit your team or organization?**

**Print or Type Supervisor Contact Information:**

Name:

Position/Title:

Organization Name:

E-mail Address:

Telephone Number:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

*A typed signature is acceptable.*