

**MANAGEMENT SKILLS ASSESSMENT PROGRAM (MSAP)  
2009 Assessee Application**

**Application Materials Checklist**

Deadline for Receipt of Application

**Friday, March 6, 2009 —5:00 PM**

Submit Application Materials to:

Karen Paris  
MSAP Coordinator  
Berkeley Lab Institute, Bldg 4-230  
KMParis@lbl.gov  
(510) 486-5122

- Completed and signed MSAP Application**
- Applicant's "Statement of Purpose"**
- Applicant's current position description and work history**
- Supervisor's "Statement of Support"**

**Schedule/Deadlines:**

**Attention supervisors and applicants!!** The MSAP orientation is required for all assessees and alternates. The follow-up meeting for assessees is also required. Please note these dates on your calendar:

**Application Deadline:** Friday, March 6, 2009 —5:00 PM  
Early applications appreciated; late applications not accepted

**Selection Notification:** Friday, March 20, 2009

**MSAP Orientation:** Thursday, April 2, 2009 (Bldg. 2-100B, 1:00p to 2:30p)

**MSAP Program:** April 27 - May 1, 2009--Asilomar Conference Grounds, Pacific Grove, CA

## **Management Skills Assessment Program (MSAP) 2009 Assessee Application**

### **General Instructions**

To apply for the Management Skills Assessment Program (MSAP), both the applicant and his/her supervisor and/or department head must complete this application form and submit statements of purpose (see the application materials checklist for more information). Applicant and supervisor statements are both considered in the selection process. Therefore, it is highly recommended that the supervisor and applicant collaborate in the application process. Keep in mind that this is an assessment program, not a training program. Participants in this program will be coming from the northern California UC campuses, labs and medical centers and the UC Office of the President.

**Deadline for Receipt of Applications by Coordinator: March 6, 2009 —5:00 PM**

Submit Applications to:

Karen Paris  
MSAP Coordinator  
Berkeley Lab Institute, Bldg 4-230  
KMParis@lbl.gov  
(510) 486-5122

### **Applicant Instructions**

**Submit the following materials to your coordinator by the application deadline:**

- **Completed and signed MSAP application**
- **Statement of Purpose**
  1. Why are you interested in attending MSAP?
  2. Describe (briefly) your experiences with supervision, management, team leadership and/or project coordination.
  3. What do you believe are your strengths in management? What do you believe are the areas in which you'd like to grow and develop as a manager?
  4. What are your career development plans and how will MSAP fit into those plans?
  5. How do you hope to apply the benefits of attending MSAP in your current job and overall in your professional career?
- **Work History**

Attach a current position description and a summary (a resume or similar document) of your work history with the university. If you have been with the university for less than 5 years, include information about your work history prior to joining the university.
- **Supervisor's Statement of Support**

Provide a complete, clear statement of support from your supervisor, due at the time of application, about your participation so that the selection committee will be able to assess the expected benefits of MSAP for you and your unit. (See "Supervisor Instructions" on next page for more details.)

## Supervisor Instructions

The supervisor's role in supporting an employee's participation in the Management Skills Assessment Program (MSAP) is crucial to the ultimate success of that employee's experience of the program as a whole. Supervisors who agree to sponsor employee's MSAP applications are agreeing to make a commitment to participate in preparatory and follow-up activities with that employee. Without this commitment on the part of the supervisor, MSAP assessees cannot fully take advantage of the information and energy they will get from the MSAP program.

Sponsoring supervisors agree to accept the following responsibilities regarding their employee's MSAP application and participation:

### Supervisor's Statement of Support:

Provide a complete, clear statement of support, due at the time of application, about the employee's participation so that the selection committee will be able to assess the expected benefits of MSAP for your employee and your unit. Please use the following selection criteria as a guideline for your statement of support. Please be as specific as possible.

- Your reason for recommending and supporting your employee's participation in MSAP.
- How you believe your employee's participation in MSAP will benefit the employee, the department and the university.
- How you plan to support your employee in his/her professional and career development.
- Any special circumstances affecting the employee's job or the department, such as a major shift in employee's position, redirection of department goals or reorganization

### After the MSAP Residential Program:

- Prior to the assessee's follow-up meeting, meet with your employee to discuss his/her MSAP experience.
- Encourage and help your employee to draft and implement an individual career development plan.
- Provide continued encouragement and support for your employee's future professional growth.

## Applicant Information Sheet

### Applicant Information:

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Working Title: \_\_\_\_\_

Payroll Title or Job Classification: \_\_\_\_\_

Campus, Lab or Medical Center: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Time in present position: \_\_\_\_\_ Total time with UC: \_\_\_\_\_

Phone (we need your area code): ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

If selected, would you like to receive vegetarian meals at Asilomar?  Yes  No

### Supervisory responsibilities in your current job:

Number of full-time employees I supervise directly: \_\_\_\_\_

Number of part-time employees I supervise directly: \_\_\_\_\_

Number of employees I supervise indirectly: \_\_\_\_\_

I do not supervise anyone: \_\_\_\_\_

### Supervisor Information:

Supervisor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone (we need your area code): ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

### For accounting purposes, indicate how the recharge fee of \$850 will be paid:

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Signatures:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Department Head Name (please print)

**MANAGEMENT SKILLS ASSESSMENT PROGRAM (MSAP)**

To assist us in complying with federal and state reporting requirements, please check all of the following categories that apply. **Completion of this section is voluntary. This information will be kept confidential and will not be used as part of the selection criteria.**

*Please identify the appropriate categories by placing an "x" in the corresponding boxes.*

<input type="checkbox"/> Female	<input type="checkbox"/> Asian & Pacific Islander	<input type="checkbox"/> Disabled*
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Special Disabled Veteran
	<input type="checkbox"/> White	<input type="checkbox"/> Vietnam-era Veteran
	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> Native American	
	<input type="checkbox"/> Mixed Ancestry	

\*If you require an accommodation, please contact Karen Paris so that appropriate arrangements can be made.