

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

Application Materials Checklist

Deadline for Receipt of Application

Tuesday, February 17, 2009 by 12:00 Noon
Late Applications Not Accepted

Submit Application Materials to:

Donna Weeks, MSAP Coordinator
UC Santa Cruz
SHR Training & Development
1156 High Street
Santa Cruz, CA 95064
workshop@ucsc.edu
(831) 459-2010 (Voice)

- Completed MSAP Application Form**
- Applicant's "Statement of Purpose"**
- Applicant's current job description**
- Applicant's work history (e.g. resume)**
- "Statement of Support," completed by supervisor**

NOTE: Electronic submissions preferred. Original single-sided documents with no staples also accepted. No faxed copies accepted.

Schedule/Deadlines:

Attention supervisors and applicants! The MSAP Orientation is required for all assessees, assessors and alternates. The MSAP Follow-up is also required for assessees. Please note these dates on your calendar:

Application Deadline: Tuesday, February 17, 2009 by 12:00 noon
Early applications appreciated; late applications not accepted

Selection Notification: Wednesday, March 11, 2009

MSAP Orientation: Tuesday, March 24, 2009, 8:30 am – 12:30 pm

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

MSAP Follow-up: Tuesday, June 2, 2009, 2:00 – 4:30 pm, T&D Training Room

Management Skills Assessment Program (MSAP) 2009 Assessee Application

General Instructions

To apply for the Management Skills Assessment Program (MSAP), the applicant *and* his/her supervisor must complete this application form. Since applicant and supervisor statements are both considered in the selection process, it is highly recommended that they 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 the UC Office of the President.

Deadline for Receipt of Applications by Coordinator: February 19, 2009—12:00 noon

Electronic submissions preferred. Original single-sided documents with no staples also accepted. No faxed copies accepted.

Submit Applications to:

Donna Weeks, MSAP Coordinator
UC Santa Cruz
SHR Training & Development
1156 High Street
Santa Cruz, CA 95064
workshop@ucsc.edu
(831) 459-2010 (Voice)

Applicant Instructions

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

- **Completed MSAP Application Form** (See Page 3)
- **Statement of Purpose**
 1. Why are you interested in attending MSAP?
 2. Briefly describe your experiences with supervision, management 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 (2 Documents)**
 1. Attach a current job description
 2. Attach a summary of your work history with the University. If you have been with the University less than 5 years, include information about your prior work history.
- **Supervisor's Statement of Support, completed by supervisor** (See Page 5)

Attach a complete, clear statement of support from your supervisor to your application, so that the selection committee can assess the expected benefits of MSAP for you and your unit. (See "Supervisor Instructions" on Pages 4-5 for more details.)

MSAP Application Form

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: _____

Supervisor Instructions

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

Sponsoring supervisors agree to accept the responsibilities described on Page 5 regarding their employee's MSAP application and participation:

Before the MSAP Residential Program

- Collaborate with the employee in completing the MSAP application. In particular, discuss how the employee might apply what is learned at MSAP to his/her job and career.
- If your employee is selected as an assessee, provide time for him or her to complete the MSAP pre-work, which includes:
 - Attending the MSAP Orientation on Tuesday, March 24, from 8:30 am – 12:30 pm
 - Planning a work project in the form of an Executive Briefing and an Oral Presentation

After MSAP:

- Prior to the assessee's scheduled MSAP Follow-up, 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.

Supervisor's Statement of Support

Provide a complete, clear statement of support, as part of the employee's application, about his/her participation, so that the selection committee can 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.

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

Account Name: _____ FOAPAL: _____

Supervisor Name*

*Entering your name indicates your financial support if the applicant is selected to attend MSAP. A recharge form will be issued to you to sign and return if the applicant is selected.

Supervisor's Statement of Support: (If you need extra space, add an additional page)

MANAGEMENT SKILLS ASSESSMENT PROGRAM (MSAP)

This program is partially supported by Staff Development funds from the Office of the President. 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 Donna Weeks so that appropriate arrangements can be made.