

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

MSAP Assessee Selection Process – 2009

Participants from across UC's northern California campuses, labs and medical centers will participate as assessees in MSAP, April 27 – May 1, 2009 at the Asilomar Conference Center, Pacific Grove, California. Nine participants will come from UCSF.

Each UCSF organization control point will manage its participant selection process. For more information about the selection process in your organization, contact the appropriate individual listed below:

Medical Center:

Sausan Fahmy: 415-353-7768, Sausan.Fahmy@ucsfmedctr.org

VC Administration & Finance:

Jocelyn Nakashige: 415-502-7440, Jocelyn.Nakashige@ucsf.edu

VC Advancement & Planning:

Lydia Derugin: 415-476-8055, lderugin@uap.ucsf.edu

EVC & Provost:

Wanda Ellison: 415-514-0266, Wanda.EllisonCrockett@ucsf.edu

School of Dentistry:

Shirley Hodges: 415-476-1323, HodgesS@DENTISTRY.UCSF.edu

School of Medicine:

Richard Secunda; 415-502-6705, secundar@medsch.ucsf.edu

School of Nursing:

Zina Mirsky: 415-476-1223, zina.mirsky@nursing.ucsf.edu

School of Pharmacy:

Rob Duca 415-476-8021, DucaR@pharmacy.ucsf.edu

MSAP Assessee Selection Guide

Please review the MSAP website to become familiar with the MSAP:

<http://msap.ucdavis.edu/>

UCSF Assessee Selection Criteria

MSAP best suited for:

- High-potential entry to mid-level managers, relatively new to management;
- Individuals eager to engage in the intensive MSAP assessment process;
- Individuals who learn through a variety of experiences, including case studies, discussion and reflection, small group activities and extensive feedback;
- Individuals whose supervisors will actively support their professional development after MSAP, coaching them to improve their performance and expanding their work responsibilities.

Essential Qualifications of Assesseees:

- Relatively new to management: one to five years of experience supervising or managing people or projects;
- Length of UC service: one or more years of service at UC (past probation, career status) as of application deadline;
- One to five years in current UCSF job;
- Recommended Payroll Title Range: AA III Supervisor through MSO 1, or approximate equivalent.

MSAP is *not*:

- A training program, except in that it hones all participants' skills in giving and receiving objective behavioral feedback;
- A corrective or "fix-it" program for employees with performance problems.

Assesseees must make a firm commitment to participate in:

- **MSAP Orientation Program** at Laurel Heights, on April 6, 2009 from 9am-3pm, Room 308
 - Provides essential preparation for the residential program
- **MSAP Residential Assessment Program** in Pacific Grove, CA, from Monday, April 27, through Friday, May 1, 2009.
 - Provides intensive assessment of management skills.
- **MSAP Follow-up Program** at Laurel Heights, Date To Be Determined, Laurel Heights, Room To Be Determined from 10am-12noon.
 - Provides application of MSAP learning to job growth and performance at UCSF.

Application Submission

Submit your completed application (applicant and supervisor portions completed) to the ***Control Point of your major organization by the deadline established by the control point.***

Control points select the participants to attend the MSAP within their organizations using their own selection processes. Control points forward the application(s) of their organization's participant by Friday, March 31, 2009, 5:00 p.m.

to

Don Diettinger, Manager
Human Resources/Development & Training
Laurel Heights Campus, Box 0834
3333 California (between Presidio and Laurel), Suite 305
San Francisco, CA
Zip Codes: 94143-0834 (US Mail); 94118 (UPS, FedEx, etc.)

Telephone: (415) 476-4278
Email: don.diettinger@ucsf.edu
Fax: (415) 476-6276

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

General Instructions

Complete this application when requested to do so by the date set by the contact person for your major organization/control point. (Assesseees, Alternates, and your Supervisor must complete this form.)

The organization's MSAP contact person will forward your selected application to Don Diettinger, UCSF MSAP Coordinator by **March 31, 2009**.

MSAP Schedule

Each MSAP assessee commits to participate in these required program components:

- 1) Orientation to MSAP: April 6, 9:00a.m. - 3:00 p.m., Laurel Heights, Room 308**
Preparation for the residential program
Required for Assesseees & Alternates

- 2) Residential Program: April 27-May 1, 2009, Asilomar Conference Center, Pacific Grove, CA**
Intensive day & evening interactive assessment of management skills
Required for Assesseees

- 3) Follow-up Program: Date To Be Determined., Laurel Heights Rm. To Be Determined**
Integration of MSAP learning with performance and job growth at UCSF
Required for Assesseees

Enter all program components into your calendar now!

Applicant Information Sheet

The information you provide on this application will be used to compile a roster of participants. **IT IS ESSENTIAL THAT YOU FILL IN ALL REQUESTED INFORMATION.** Please type or print clearly. Thank you!

Applicant's Last Name: _____	First Name (or Nickname): _____
Selection Status: Assessee or Alternate (Leave blank if your status is not yet determined.)	
Employee ID# (9 digits beginning with 02) _____	
Working Title: _____	
Payroll Title: _____	
Department: _____	
Major UCSF Organization / Control Point (check one):	
<input type="checkbox"/> Medical Center / Clinical Enterprise	<input type="checkbox"/> Vice Chancellor Academic Affairs
<input type="checkbox"/> School of Dentistry	<input type="checkbox"/> Vice Chancellor Administration & Finance
<input type="checkbox"/> School of Medicine	<input type="checkbox"/> Vice Chancellor Advancement & Planning
<input type="checkbox"/> School of Nursing	<input type="checkbox"/> Executive Vice Chancellor & Provost
<input type="checkbox"/> School of Pharmacy	
Time in present position: _____	Total Years with UC: _____
Phone (with your area code): () _____	Fax: () _____
UCSF Box # (or other internal mailing address if more appropriate): _____	
E-mail (please indicate "no e-mail" if you have none): _____	
If selected, would you like to receive vegetarian meals at Asilomar?	Yes No
UCSF mailing address (Please provide a complete address written as you would give it to someone sending mail to you through the US Postal Service.	
Name: _____	
Department: _____	
Campus, Lab or Medical Center: <u>UC San Francisco</u>	
Address (with Box # if appropriate): _____	
City, State, Zip+4: _____	

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:	_____

Federal/State Reporting Data:

MSAP 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.

Please identify the appropriate categories by placing an "x" in the corresponding description label.

<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 Don Diettinger at don.diettinger@ucsf.edu so that appropriate arrangements can be made.

Statement of Purpose – please provide if required by your UCSF

Organization/Control Point:

1. Please describe what you want to gain from your participation in the MSAP.
2. Describe (briefly) your experience with supervision, management, team leadership and/or project coordination.
3. In what aspects of your management practice do you believe yourself to excel?
4. In what aspects of your management practice do you believe to be areas in which you need to develop as a manager?
5. What are your career development plans and how will MSAP fit into those plans?
6. How do you hope to apply the benefits of attending MSAP in your job and in your professional career?

Work History – please provide if required by your UCSF Organization/

Control Point:

1. Bulleted list of your major work responsibilities.
2. Summary (a resume or similar document) of your work history with the University of California. If you have been with the University for fewer than 5 years, include information about your work history prior to joining the University.
3. Organizational chart illustrating how your position is placed within the larger organization and what positions, if any, you supervise.

Supervisor Instructions / Responsibilities

Your role in supporting an employee's participation in the Management Skills Assessment Program (MSAP) is crucial to the success of that employee's experience of the program.

Sponsoring supervisors agree to the following responsibilities:

Before the MSAP Residential Program:

1. Provide a complete and clear Statement of Support due at the time of application. The Statement of Support should include the following information:
 - a. Your reason for recommending and supporting your employee's participation in the MSAP.
 - b. How you believe your employee's participation in the MSAP will benefit the employee and your unit/department/organization.
 - c. How you plan to support this employee in his/her professional and career development now and after the MSAP.
 - d. Any special circumstances affecting the employee's job or organization, e.g. major shift in employee's position, redirection of organizational goals or reorganization.

2. You are asked to accompany your employee to at least the morning session of the MSAP Orientation: Monday, April 6, 2009, Laurel Heights, Room 308

After the MSAP Residential Program:

1. Review the MSAP assessment experience and results with your employee
2. Encourage and help your employee to draft and implement an individual career development plan.
3. Provide continued coaching to encourage and support your employee's future professional growth.

Supervisor Information Sheet / Authorization Signatures

Supervisor's Last Name: _____ First Name (or Nickname): _____

Working Title: _____

Payroll Title: _____

Department: _____

Phone (with your area code): () _____ Fax: () _____

E-mail (please indicate "no e-mail" if you have none): _____

UCSF Box # (or other internal mailing address if more appropriate): _____

Department Head Name: _____ Department Head Box #: _____

Mailing address at work (Please provide a complete address written as you would give it to someone sending mail to you through the US Postal Service):

Name: _____

Unit / Department: _____

Campus, Lab or Medical Center: UC San Francisco

Address: _____

City, State, Zip+4: _____

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

Account Name: _____ Account Fund/D.P.A.: _____

Authorization:

Applicant , please: sign name	print name	Date
By signing, I agree to participate in <u>all</u> MSAP components: Orientation, Residential Program, and Follow-up.		
Supervisor , please: sign name	print name	Date
Department Head , please: sign name	print name	Date
Control Point Representative , please: sign name	print name	Date