



Supervisor Recommendation and Approval for Employee Continuing Education Assistance

[Date]

[Name]

[Title]

[Department/Unit]

[Address]

[City, State, Zip]

Chief People Officer,

[Please provide your recommendation of the employee and your approval for the employee to participate in the program. Include why you believe the employee's course of study would be beneficial to the agency and how you believe the increased responsibilities would affect the employee's performance at work.]

Sincerely,

Supervisor's Signature

Date

Supervisor's Name and Title

Warden/Facility/Unit Head Signature

Date

Warden/Facility/Unit Head Name and Title