

**Supervisor Endorsement Form** (Rev. 5-25-2021)

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

As the supervisor of , I have read the description and participant expectations of the [2021-2022 Region IV Public Health Leadership Institute](http://r4phtc.org/2021-2022-public-health-leadership-institute-applications-due-july-15-2021/). 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. 12 hours Nov. 1-4, 2021) and virtual sessions (est. 12 hours)
   2. Intersession activities (est. 16 hours)

|  |  |
| --- | --- |
| Time Period | Activity |
| October 12, 2021 10-11:30am ET | Virtual Orientation |
| November 1-4, 2021 | Virtual PHLI Session 1 Retreat (est. 12-3pm ET) |
| December 2021 – May 2022  Tuesdays @ 10am-12:00pm ET | Virtual Sessions:  Dec 7, Jan 11, Feb 1, Mar 1, Apr 5, May 3 |
| May 3, 2022 | Final Virtual Session @ 10am-12:00pm ET |

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.*