



Certificate of Supervisory Essentials Enrollment Application



Full Name _____ Employee ID _____ Position _____
 Cabinet _____ Department/Division _____
 Work Address _____ City/ZIP _____ Phone _____
 Email _____ Supervisor's Name and Title _____

Are you currently a supervisor*? Yes No

**In this context, "supervisor" means one who oversees and has decision-making authority for a process, program, project, and/or employees.*

If selected to participate in the Kentucky Certificate of Supervisory Essentials Program, I commit to

- Follow my agency's policy for enrolling in GSC training:
 - I understand that three consecutive cancellations or no-show statuses to any required CSE classes may result in removal from the program.
 - Failure in adhering to agency policy may result in removal from the CSE program and/or class.
- Attend an orientation session within the first month of acceptance into the program,
- Participate fully in the program by attending required classroom workshops,
- Satisfactorily complete online workshops,
- Dedicate the time and effort required to succeed in the program, and
- Accept any requirements for travel, overnight lodging, and/or extended days away from the office.

Furthermore, I understand that completion of this program does not guarantee me an increase in pay, promotional opportunity, or other advantage in employment.

 Applicant's Signature (Electronic Signature Not Accepted) _____ Date _____

As the applicant's supervisor, I understand that this employee will need to take time away from normal job duties in order to complete the Certificate of Supervisory Essentials. I am in full support of this endeavor.

 Supervisor's Signature (Electronic Signature Not Accepted) _____ Date _____

I have reviewed the application and pledge my support.

 Division Director's Signature (Electronic Signature Not Accepted) _____ Date _____

Applications are only accepted during June and December. Please scan and email the application to Kelly.Tharpe@ky.gov or mail it to:

OET Training liaison
 275 East Main Street 2C-A
 Frankfort, KY 40621

<p>OET Training Liaison Approval Signature: _____ Date: _____</p>
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