MANAGER NOMINATION FORM

To Manager: Your nomination of	for the Foundational Skills Program is the
most important part of the application process. Please f	orward your nomination form along with the staff
member's completed application to your department/ur	nit HR representative, <i>prior to submitting it to the</i>
<u>Professional Development Academy.</u> If you are unsure of	of the appropriate representative for your area, please
contact Staff & Labor/HR at 684-2808 or 684-5557.	HR leadership for your entity will review
nominations, for support.	

In order to assist in the selection process, please provide the following information regarding your staff member. The sole purpose for this information is for program selection. The application will not be considered if incomplete.

Please rate the applicant according to the frequency that he/she exhibits the following behaviors:

	N/A	Never (0%)	Rarely (up to 30%)	Sometimes (up to 60%)	Usually (up to 90%)	Consistently (>90%)
Demonstrates consistent high standards in work behaviors	0	0	0	0	0	0
Completes assignments within established timelines	0	0	0	0	0	0
Uses resources effectively, including time, materials and equipment	0	0	0	0	0	0
Demonstrates concern for work quality	0	0	0	0	0	0
Demonstrates flexibility in response to new or improved work processes	0	0	0	0	0	0
Demonstrates willingness to learn new information; shows initiative	0	0	0	0	0	0
Follows appropriate work procedures	0	0	0	0	0	0
Demonstrates ability to advance into a administrative position	0	0	0	0	0	0
Demonstrates ability to handle multiple tasks/assignments	0	0	0	0	0	0
Works collaboratively with co-workers to accomplish departmental goals	0	0	0	0	0	0

Please review this Manager FAQ link before completing the following questions.

1.	By your nomination, you believe that this staff member demonstrates potential to be a successful administrative leader. What characteristics does the nominee exhibit that supports your belief?
2.	A. Has this staff member received at least a "Fully Achieves/Succeeds" on his/her most recent performance review?

3.		
<i>3</i> .	March 2023. At the beginning and end final presentations. In addition, participappointments. The detailed class/meet: Coordinator, Marjorie Siegert, at marjorie	pate in 12 hours (on average) of training per week from May 2022 through of the program, there are additional time requirements for orientation and pants may need time away from work for coaching and mentoring ing schedule is available by e-mailing the Professional Development orie.siegert@duke.edu. Are you willing to support the nominee by providing a te the program? YesNo If no, please explain:
4.	department/area. Are there clerical/adm	ogram may depend upon opportunities to advance within their own ninistrative opportunities either now or in the future in your department that ?YesNo If yes, what are they?
5.	effective in providing advice and guida and phone number(s) of a staff membe	program. Peer Mentors from the participant's department or area have proven ance. In order for the nomination to be complete, please provide the name(s) or from your department/area who you recommend as a possible at the program. Please view attached mentor selection criteria.
		ditional information to complete this form, please contact the Coordinator, Marjorie Siegert, by e-mail at ou for your nomination.
	Name:	Signature:
	Title:	Department:
	Work Address/Mailbox:	
		Work Phone:
	E-mail:	

Provide guidance on completing administrative tasks, adjusting to an office environment,

office equipment operation/troubleshooting, using computer software Share insight into building and maintaining effective professional relationships.

B. In what areas does your staff member need to improve?

Administrative mentors will:

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