

New Manager Orientation Program

Participant Statement of Commitment

Please carefully read and sign the following *Participant Statement of Commitment*.

As a participant in the New Manager Orientation Program, I understand that I will make my participation in all aspects of this program including pre-session assignments and session attendance a priority.

All costs associated with the program delivery are funded by Human Resources Services. While the program costs are covered, the department must allow the participant release time to participate in scheduled sessions. I understand that if I miss more than two sessions of the program, I may be ineligible to complete the program, and my department may be assessed an administrative fee not to exceed **\$500**. A “session” is defined as any full-day classroom session or portions thereof equaling two days of classroom time.

I have discussed my participation in this program with my direct supervisor and with my direct reports to help ensure that any disruption to our department’s daily operations, as a result of my attendance in this program, will be minimized.

I am a member of TMG or MUFA with supervisory responsibilities.

My signature below indicates that I have read and agree to the preceding statement of commitment.

Applicant’s Name (Please print clearly)

Applicant’s Signature

Date

Supervisor Statement of Support

Please carefully read and sign the following *Supervisor Statement of Support*.

I understand that the participant will be expected to make his/her participation in this program a priority. I have read and understand the participant statement of commitment above.

In order to support the participant’s success in the program, I agree to the following:

- Enable the participant to fully participate by not introducing meetings, deadlines, or other job activities that present conflicts with the program sessions.
- Provide opportunities for discussion and debriefing related to the program content.

My signature below indicates that I have read and agree to the preceding statement of support.

Supervisor’s Name (Please print clearly)

Supervisor’s Email Address

Supervisor’s Signature

Date

Mail to: Nancy Buschert, DTC 2nd floor or **Fax to:** 905-546-1690, Attn: Nancy Buschert