UCDAVIS
Supply Chain Management

Employee Aspire Development Program
Application Form

Introduction:
We are happy that you wish to participate in the Supply Chain Management Employee Development Program! This voluntary program is open to all full-time career SCM employees who have been in their current position for at least one year, and with a most recent employee evaluation of "meets or exceeds expectations."

Program Goals:
This program's goals are to increase awareness of career opportunities within SCM and to help interested employees learn more about what skills and training may be required for those opportunities. *Participation in the program does not guarantee future employment in a particular position.*

How It Works:
This program includes periodical shadowing over a 3-month of another SCM employee, followed by guidance from the SCM Employee Development Program Review Team on subsequent steps. The subsequent steps may include recommended career counseling, as well as recommended online and in-person classes offered through UC Davis Staff Development & Professional Services (SDPS).

Notes:
This program is currently open to SCM employees for shadowing other SCM employees, and not to employees in the larger FOA organization, or outside of SCM. This is a voluntary program and the shadower and/or shadowee may terminate the partnership if necessary.

Instructions:
1. Before completing this form, please discuss the program with your supervisor to address any workload issues.
2. Complete all fields on this form and submit the completed and signed form to your supervisor.
3. Your supervisor will review and sign the form, and then forward it on to the SCM Employee Development Program Review Team at scm-aspire@ucdavis.edu.
4. Based on the number of applications received and the area(s) of interest identified, the review team will meet with you to discuss your interest further, and as opportunities and staff for shadowing become available, inform you of whether your application has been approved.
5. If not approved, your request will be kept on file for possible program participation at a later date.

Applicant's Information:

Name: _____

Phone: _____

Email: _____

Current Position: _____

Time in Current Position: _____

Supervisor's Information:

Name: _____

Phone:_____

Email: _____

Applicant Questions:

1. What do you aspire to be? _____
2. What position or positions are you interested in learning more about? _____
3. How will this program fit in to your career development plans? Please describe why you are interested in exploring this position(s). _____
4. What knowledge or skills do you bring to this program? _____
5. What knowledge or skills do you wish to acquire and/or improve through this program?

   _____

Signatures:

Applicant Name: _____

Applicant Signature:_____

Date _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

SCM Employee Development Program Team Member Name: _____

Team Member Signature: _____

Date: _____

SCM Employee to Be Shadowed Name _____

SCM Employee to Be Shadowed Signature _____

Date: _____