

SUPERVISOR & VP APPROVAL – REQUIRED FOR ALL CBU STAFF & FACULTY

Applicant's Name: _____

2012

Dates of Availability*: _____

**Staff or Faculty member will be absent for either a ten-day USP team or a three-week ISP team during the timeframe listed above.*

Who is your immediate supervisor? Name: _____

Title: _____

Who is your area Vice President? Name: _____

Area: _____



After discussing the possibility of your absence with your supervisor, please have him/her sign this approval section and forward it to your area Vice President.

This candidate for USP or ISP Leadership is in good standing in his or her department. We have discussed his or her participation in USP or ISP, and I support his or her decision to apply for a leadership position. I have also granted this faculty or staff member approval to be absent for either a ten-day USP team or a three-week ISP team during the timeframe he or she has listed above.

Signature: _____ Date: _____
Immediate Supervisor

Signature: _____ Date: _____
Area Vice President

Note to Supervisors: If you have any questions or concerns you would like to discuss prior to signing this authorization, please feel free to call us at x5018.

Your supervisor must sign this authorization before your VP. Ask your supervisor to forward it to your Vice President for his/her approval and signature. Approval forms must be signed by the immediate supervisor and the area VP prior to submission to the Office of Mobilization.

The **due date** for all forms is **October 10th**.

Please return form to:
Office of Mobilization, Campus Box #1146

Forms may also be submitted via fax: 951-343-4509
or email: isp@calbaptist.edu



USP



ISP