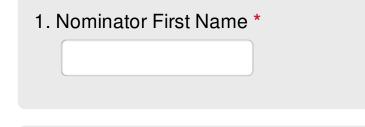
## 2018 UC Women's Initiative Nomination Form

Note: This form is intended for reference purposes only. Please submit your nomination information within the <u>2018 UC WI Online Nomination Form</u>.

# 2018 UC Women's Initiative for Professional Development (UC WI) Participant Nomination Form



2. Nominator Last Name \*

#### 3. Location \*

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UCD
ИСО НС
UCI 🔳
исінс ا
UCLA 📃
UCLA HC
UCM
UCSB
UCSC
UCSD
UCSD HC
UCSF
UCSF Health
UCR
UCOP

#### 4. Nominator Position \*

Select all that apply

- Chancellor or Cabinet Member
- □ Medical Center CEO or Cabinet Member
- Vice Provost or Dean of Academic School or Division
- Systemwide Advisory Committee on the Status of Women (SACSW) Location Representative
- Director
- Manager
- Nominee's Direct Supervisor
- C Other

#### If other, please identify:

5. Nominator Title \*

6. Nominator UC Email Address \*

7. Nominator UC Office Address \*

#### 8. Nominator UC Office Phone Number \*

XXX-XXX-XXXX

# 9. Select Nomination and Fund Account Form

All nominations will be funded by the same fund accounts Each nomination will be assigned a separate FAU

# 10. Nominee Information - Use same Fund Accounts (FAUs) for All

Systemwide Talent Management will aggregate all nominations and send to your location's leadership who will make the final decision on program participants and alternates for each cohort.

- 1. Please enter the following information for each of your location allocated nominees. See location allotment list provided in the first information section of this online form.
- 2. For each nominee, please indicate your preference for them to be a program participant or an alternate.

\*

	First Name	Last Name	Department	Title	Email	Participant	Alternate
Nominee 1						O	O
Nominee 2						o	O
Nominee 3						О	O
Nominee 4						0	O
Nominee 5						O	O
Nominee 6						0	O
Nominee 7						О	O
Nominee 8						0	O
Nominee 9						0	O

#### 11. Nominee Information - Use same Fund Accounts (FAUs) for All

Systemwide Talent Management will aggregate all nominations and send to your location's leadership who will make the final decision on program participants and alternates for each cohort.

- 1. Please enter the following information for each of your location allocated nominees. See location allotment list provided in the first information section of this online form.
- 2. For each nominee, please indicate your preference for them to be a program participant or an alternate.

	First Name	Last Name	Department	Title	Email	Participant	Alternate
Nominee 1						O	С
Nominee 2						О	O
Nominee 3						0	O
Nominee 4						0	O
Nominee 5						0	O
Nominee 6						O	O
Nominee 7						O	O
Nominee 8						o	O
Nominee 9						O	O
Nominee 10						o	О
Nominee 11						O	O
Nominee 12						O	O



#### 12. Nominee Information - Separate Fund Accounts

Systemwide Talent Management will aggregate all nominations and send to your location's leadership who will make the final decision on program participants and alternates for each cohort.

For each nominee:

- 1. Enter the following information for each of your location allocated nominees. See location allotment list provided in the first information section of this online form.
- 2. Identify if nomination is for program participant or an alternate.
- 3. Enter the unique Fund Accounts (FAUs) to recharge the **\$1,750.00** per participant administrative costs.
  - At least one FAU is required for each participant
  - If using multiple FAU, please indicate the percent of costs to apply to each FAU.
  - The recharge will be processed upon acceptance into the program.

	First Name	Last Name	Department	Title	Email	Fund Account (FAU) #1	FAU #1: % Funds to Apply	Fund Account (FAU) #2
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
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## 13. Nominee Information - Separate Fund Accounts

Systemwide Talent Management will aggregate all nominations and send to your location's leadership who will make the final decision on program participants and alternates for each cohort.

For each nominee:

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- 1. Enter the following information for each of your location allocated nominees. See location allotment list provided in the first information section of this online form.
- 2. Identify if nomination is for program participant or an alternate.

- 3. Enter the unique Fund Accounts (FAUs) to recharge the **\$1,750.00** per participant administrative costs.
  - At least one FAU is required for each participant

- If using multiple FAU, please indicate the percent of costs to apply to each FAU.
- The recharge will be processed upon acceptance into the program.

	First Name	Last Name	Department	Title	Email	Fund Account (FAU) #1	FAU #1: % Funds to Apply	Fund Account (FAU) #2
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
Nominee 10								
Nominee 11								
Nominee 12								

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Nominee 13									
Nominee 14									
Nominee 15									
Nominee 16									
Nominee 17									
Nominee 18									
•						1			▶

14. Select how many fund accounts (FAUs) to recharge your location/department for each nominated participant's \$1750/participant program fee.

- At least one FAU is required
- Multiple FAUs can be used

1	
2	
	~

15. FAU #1

- 1. List fund account (FAU) to recharge your location/department
- 2. If using multiple FAUs, please indicate % of costs to apply to each FAU

*		FAU #	% of Funds to Apply
	Fund Account 1		
16.	. FAU #2 *		0/ of Funda to Annaly
	Fund Account 2	FAU#	% of Funds to Apply
17.	. FAU #3 *	FAU#	% of Funds to Apply
	Fund Account 3		

18. The listed nominees has the full support and commitment to complete all program participant requirements. \*

	Your Full Name	Your Title
Signature of Submission and Approval		