2018 UC-CORO Systemwide Leadership Collaborative Nomination Form

Note: This form is intended for reference purposes only. Please submit your nomination information within the 2018 UC-CORO Online Nomination Form.

Nominator and Program Payment Information

1. Nominator First and Last Name *

2. Nominator Position *
   - Chancellor or Cabinet Member
   - Medical Center CEO or Cabinet Member
   - Vice Provost or Dean of Academic School or Division

3. Nominator Title *

4. Nominator UC Email Address *
5. Nominator UC Office Phone Number *

XXX-XXX-XXXX

6. Executive Assistant First and Last Name *


7. Executive Assistant UC Email Address *


8. Executive Assistant UC Phone Number *

XXX-XXX-XXXX

9. Select how many fund accounts (FAUs) to recharge your location/department for the $5000/participant program fee.

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

*
10. 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

<table>
<thead>
<tr>
<th>FAU#</th>
<th>% of Funds to Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Account 1</td>
<td></td>
</tr>
</tbody>
</table>

11. FAU #2 *

<table>
<thead>
<tr>
<th>FAU#</th>
<th>% of Funds to Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Account 2</td>
<td></td>
</tr>
</tbody>
</table>

12. FAU #3 *

<table>
<thead>
<tr>
<th>FAU#</th>
<th>% of Funds to Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Account 3</td>
<td></td>
</tr>
</tbody>
</table>

Nominee Information and Nominator Approval Signature

13. Nominee First Name *
14. Nominee Last Name *

15. Nominee UC Location *
   - ANR
   - LBNL
   - UCB
   - UCD Campus
   - UCD Health
   - UCI Campus
   - UCI Health Sciences
   - UCI Health Center
   - UCLA Campus
   - UCLA Health
   - UCM
   - UCSB
   - UC SC
   - UCSD Campus
   - UCSD Health
   - UCSF Campus
   - UCSF Health Center
   - UCR
   - UCOP

16. Nominee is a Direct Report of which of the following: *
   - Chancellor or Cabinet Member
   - Medical Center CEO or Cabinet Member
   - Vice Provost or Dean of Academic School or Division
<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>17. Nominee Title *</td>
<td></td>
</tr>
<tr>
<td>18. Years in Current Position *</td>
<td></td>
</tr>
<tr>
<td>19. Division/Department *</td>
<td></td>
</tr>
<tr>
<td>20. UC Email Address *</td>
<td></td>
</tr>
<tr>
<td>21. UC Office Phone Number *</td>
<td>xxx-xxx-xxxx</td>
</tr>
</tbody>
</table>
22. This nominee has the full support and commitment to complete all program participant requirements. *

<table>
<thead>
<tr>
<th>Your Full Name</th>
<th>Your Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Submission and Approval</td>
<td></td>
</tr>
</tbody>
</table>