



UCOP Human Resources

UCOP Mentorship Program 2018-19 Mentee Application

For employees in all classifications who have been at UCOP for six months or more.

Please submit application via email by 5 p.m. on October 16, 2018 to: anne.prozan@ucop.edu Questions? Please contact Anne Prozan, anne.prozan@ucop.edu 510-987-0057 UCOP Mentorship Program Coordinator.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Office Address: \_\_\_\_\_

Position: \_\_\_\_\_ Payroll Title: \_\_\_\_\_

Years in Current Title: \_\_\_\_\_ Years at UCOP: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Briefly answer the following questions. You can attach a separate piece of paper or write your answers below. 1.

Provide a basic description of your work experience at UCOP.

2. What do you hope to gain from the program?

3. What will you contribute to the program?

I hereby apply to be a participant in the UCOP Mentorship Program. I understand that the criteria for participation in the program include meeting with my mentor regularly. It is my responsibility to make arrangements for finding time to participate in this program. Please print this form for your and your supervisor's signatures.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant my permission for my direct report to participate in the UCOP Mentorship program. My direct report has explained to me the time commitment.

Supervisor Name \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_