



Public Service Commission Mentorship Program Approval Form

Last revised: February 2017
Last reviewed: February 2017
Next review: February 2018

This form should be used to apply for the Corporate Mentorship Program.

Please upload this completed and signed form to your on-line profile on the Matching Website.

All participants – both mentees and mentors (excluding DMs and ADMs) – require the approval of their immediate supervisor to participate in the Corporate Mentorship Program.

_____ Employee Name	_____ Position	_____ Supervisor Name			
_____ Ministry/Branch		I would like to be a: (check one) <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Mentor</td> </tr> <tr> <td><input type="checkbox"/> Mentee</td> </tr> <tr> <td><input type="checkbox"/> Both</td> </tr> </table>	<input type="checkbox"/> Mentor	<input type="checkbox"/> Mentee	<input type="checkbox"/> Both
<input type="checkbox"/> Mentor					
<input type="checkbox"/> Mentee					
<input type="checkbox"/> Both					

Supervisor Expectations:

I have read and understood the supervisor expectations checklist of the Corporate Mentorship Program, and acknowledge the time commitment necessary to participate.

Participant Expectations:

I have read and understood the mentor/mentee expectations checklist of the Corporate Mentorship Program, and discussed it with my supervisor. I commit to dedicating a minimum of two hours per month to the program.

I, _____ Approve OR Deny the above mentioned employee's request.

Please provide comments to support your decision below:

Supervisor Signature

Employee Signature

Date