



ELA 2015 Nomination Form

The mission of the State of Wisconsin Enterprise Leadership Academy is to develop visionary, service-oriented leaders dedicated to excellence in state government.

"ELA - Developing Quality Leadership with Vision"

Nominee Information

Name: _____

Agency: _____

Job Title/Classification: _____

Years of Supervisory/Management Experience: _____

Nominator's Contact Information - (* Nominator must be someone other than nominee)

Nominator's Name _____

Job Title _____

Agency _____

Phone () _____ FAX () _____
(Work) (Work)

Email: _____ (Work)

Work Relationship to Nominee: _____

Nomination

It is my pleasure to nominate _____ to participate in the 2015 State of Wisconsin Enterprise Leadership Academy (ELA) Program. In nominating her/him for the program, I am recognizing her/his management abilities and demonstrated desire for continued learning. I am also recognizing that her/his participation will require time away from work, and that the agency will encourage this professional development activity, within the constraints of organizational demands.

Statement of Recommendation

Please **attach a statement in support of your nominee, describing the applicant's abilities, work record, professional potential, and personal qualities. Please limit your comments to one page.

Nominator Signature _____ Date _____

Billing Information

Where should the invoice be sent? Program fee for ELA 2015 is \$1995.

Name/Unit _____

Work Address _____

City _____ State _____ Zip _____

Agency Head Approval or authorized representative (required)

It is my professional opinion that this individual should be admitted to the ELA program.

Signature _____ Date _____

Please submit both the Nomination form and Application form (in the same envelope) by no later than January 5, 2015 to:

ELA Program
OSER - DAFG#FUB[
Inter-D Mail: 101 E. Wilson Street, 4th Floor -or-
U.S. Mail: P.O. Box 7855, Madison, WI 53707-7855