

## **Supervisor Recommendation and Approval for Employee Continuing Education Assistance**

[Date]	
[Name] [Title] [Department/Unit] [Address] [City, State, Zip]	
Chief People Officer,	
[Please provide your recommendation of the employee and your approval for the employee to participate in the program. Include why you believe the employee's course of study would be beneficial to the agency and how you believe the increased responsibilities would affect the employee's performance at work.]	
Sincerely,	
Supervisor's Signature	Date
Supervisor's Name and Title	
Warden/Facility/Unit Head Signature	Date
Warden/Facility/Unit Head Name and Title	