

Employee shall complete Section 1 and obtain his/her supervisor's signature in Section 2. Submit signed form to the Upward Mobility Program Coordinator at UMP@dgs.ca.gov. Employee will be notified whether they have been selected to participate in the Department's Upward Mobility Program.

SECTION 1 - EMPLOYEE INFORMATION

NAME	CURRENT CLASSIFICATION
DIVISION/SECTION/UNIT	EMAIL ADDRESS

Which Technical, Professional and Administrative classification(s) are you interested in? Check all that apply.

- Accountant Trainee
- Accounting Technician
- Information Technology Technician
- Information Technology Associate
- Personnel Specialist
- Staff Services Analyst

Why are you interested in participating in the Upward Mobility Program? Check all that apply.

- Learning new skills
- Gain a sense of achievement
- Make myself competitive in the job market/improve marketability
- Make an impact within my organization
- Financial security
- Other:

I have reviewed the Department's Upward Mobility requirements and confirm I am in good standing and eligible to participate.

EMPLOYEE SIGNATURE	BEST CONTACT PHONE NUMBER	DATE
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SECTION 2 - MANAGEMENT ACKNOWLEDGEMENT/APPROVAL

I have reviewed the request for participation in the Department's Upward Mobility Program and verify that the employee meets eligibility criteria.

SUPERVISOR NAME	SUPERVISOR SIGNATURE	DATE
OFFICE CHIEF/DEPUTY DIRECTOR NAME	OFFICE CHIEF/DEPUTY DIRECTOR SIGNATURE	DATE

SECTION 3 - UPWARD MOBILITY PROGRAM COORDINATOR

I have reviewed the employee's request and recommend the request be:

- Approved
- Denied

Reason for approval or denial:

COORDINATOR NAME	COORDINATOR SIGNATURE	DATE
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