



COMMONWEALTH OF MASSACHUSETTS

Commonwealth Suffolk Fellowship Program

Leadership Commitment (Approval) Form

As part of the Commonwealth Suffolk Fellowship Program application, this form must be signed and emailed by **4:00PM, June 12, 2020** to the following email address. **NOTE:** Due to COVID-19 circumstances, completing this form electronically is accepted.

Email completed form to: fellowships@mass.gov

Commonwealth Suffolk Fellowship Program Applicant: Complete the Applicant Information and obtain the requested signatures for their approval.

Applicant's full name:

Job title:

Employee ID#:

Agency:

Signature of Applicant:

Date:

Supervisor Information

I certify that all the information provided above is correct.

Supervisor's Full Name:

Supervisor's Job Title:

Supervisor's Work Address:

Supervisor's Signature:

Date:

HR Director Information

By signing this form, I grant approval for the employee listed above to participate in the Commonwealth Suffolk Fellowship Program, and agree that I have read and understood the program requirements.

HR Director's full name:

HR Director signature:

Date:

Agency Head (or designee) Information

By signing this form, I grant approval for the employee listed above to participate in the Commonwealth Suffolk Fellowship Program, and agree that I have read and understood the program requirements.

Agency Head's full name:

Agency Head signature:

Date: