

Statement of Support

This form will be completed by an applicant's direct supervisor. All statements, must be signed, scanned, and submitted at the time of submission of the nomination profile **no later than February 5, 2019.**

Applicant's Name: _____

Position for which Applicant is Applying: _____

Statement of Institutional of Support

(Only to be completed by Direct Supervisor)

By affixing your signature below, you affirm (1) that you are aware of the duties of this position; (2) you will permit your staff member to commit the time and effort necessary to perform the duties effectively; and (3) you will permit your staff member to attend meetings appropriate to the position for which they apply (KNCT-3/Fall Conference, Spring Meeting & additional executive board meetings for all Board Members (SAEOPP Board Meetings in/around May, September, December, and prior to the SAEOPP Annual Conference for President & Vice-President).

Supervisor's Signature: _____ Date: _____

Printed Name: _____ Title: _____

All Statements of Support, must be signed, scanned, and submitted with the application as it is submitted, **no later than February 5, 2019.**

All questions regarding the nomination process can be directed to Past-President Tom Rowland:

Tom Rowland: (606) 783-2385
t.rowland@moreheadstate.edu