**Collaborative Academic Practice Innovation Fellowship Program**

# MANAGER REFERENCE AND APPROVAL FORM (2 pages)

**A “Collaborative” Quality Improvement project submission is required, involving the candidate, their manager and mentor(s) in the proposal development.**

Your completion of this form indicates that you have been directly involved in developing the project proposal and acknowledge that it fits with the strategic priorities of your unit, program or department.

Section 1 enables you to provide a reference for the candidate indicating your approval for their participation in the Fellowship program and their professional readiness to undertake this project.

Your signature indicates agreement to adjust schedules to enable the candidate to participate in the Fellowship program. (**Joint candidates** must submit separate forms if they have different managers.)

**Fellowship Candidates:** Please ask your current manager to complete sections 1 and 2 below.   
Scan a signed copy and upload it on the application page.

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| **Section 1 – Letter of Reference (to be completed by the candidate’s manager):** In the space below (or a separate attachment), please write a brief letter of reference for the Fellowship candidate. |
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| **Section 2 – Manager Approval (to be completed by the candidate’s manager):** Please review the statements below. If you agree, please complete the signature section at the end of the form. |
| * I have been directly involved in writing this project submission for a CAP Innovation Fellowship. * I agree to meet with the candidate and their mentor regularly (suggest **biweekly)** to support and provide feedback throughout the Fellowship program. * I understand that (print candidate’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for a CAP Fellowship, from **September 13, 2023 to March 8, 2024**. I agree to release this employee for two 7.5 hour days per week which will be part of her/his overall total worked hours and will not result in overtime hours. * I understand that one of the two 7.5-hour days MUST occur on a **Wednesday** each week to allow participation in Fellowship education seminars. As well, I will accommodate full-day attendance for the IDEAS workshop and fellowship kick-off day. * I agree to schedule staff to facilitate the candidate’s participation in the CAP Fellowship program. * I understand that replacement costs associated with release time for this individual will be reimbursed to my functional cost centre before the close of the current fiscal year.  **My FCC is**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager’s Signature Print Name Date  (electronic **not** permitted) |



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