



## SUPERVISORS LEADERSHIP ACADEMY – SACRAMENTO 2025 SUPERVISOR EDORSEMENT FORM

Supervisors Leadership Academy (SLA) is designed to prepare first-line Probation Department supervisors for their role as change leaders. Leadership can be defined as a process whereby an individual influences a group of individuals to achieve a common goal. Whether this is your definition or not, being an effective leader is key for any supervisor. This SLA program is designed to take you to the next level as a leader in your department.

### Academy Schedule:

|  |   |
|--|---|
| <b>March 3 – 7, 2025</b><br><i>Monday   10:00am to 5:00pm</i><br><i>Tuesday - Thursday   8:00am to 5:00pm</i><br><i>Friday   8:00am to 12:00pm</i> | <b>April 7 – 10, 2025</b><br><i>Monday   10:00am to 5:00pm</i><br><i>Tuesday - Wednesday   8:00am to 5:00pm</i><br><i>Thursday   8:00am to 2:00pm</i> |
|--|---|

### Core Topics to be covered:

- ❖ Leadership Roles
- ❖ Organizational Culture
- ❖ Learning Organization
- ❖ Evidence-Based Practices
- ❖ Leading and Managing Organizational Change
- ❖ Cycle of Conflict
- ❖ Workforce Diversity
- ❖ Performance Measures
- ❖ Data-Driven Decision Making
- ❖ Reward and Recognition
- ❖ Coaching and Mentoring

Participants will be expected to connect with their team members over the intersession break to complete a team assignment and prepare a presentation for Week 2.

**COST: \$1300 (\$1125 STC Reimbursable)**

**FINAL PAYMENT DUE: [February 14, 2025](#)**

**Lunch** will not be provided.

**STC Certification:** Certified for 60 Hours for both weeks.  
STC # 04447812 (60 Hours)

***Payment:*** *You may pay by Check OR a Credit Card:*

Check: Make Checks Payable to **CPOC FOUNDATION** and mail to:  
**CPOCF, Attn Whitnee Morse, 2150 River Plaza Dr, Suite 310,  
Sacramento, CA 95833**

Credit Card: Contact Whitnee Morse at [Whitnee@cpoc.org](mailto:Whitnee@cpoc.org) to request an invoice to pay by credit card.

\*\*\*REFUND BY APPROVAL ONLY\*\*\*

## IMMEDIATE SUPERVISOR ENDORSEMENT

Tuition: \$1300 (\$1125 STC Reimbursable)

|                    |  |
|--------------------|--|
| Supervisor's Name: |  |
| Title:             |  |
| Address:           |  |
| Phone:             |  |
| E-Mail:            |  |

This applicant, \_\_\_\_\_ has my full  
(Name)

support and endorsement for participation in the Supervisors Leadership Academy. I understand that there will be inter-session assignment that the trainee will need to complete.

This applicant is neither the supervisor nor the supervisee of any other staff person applying to attend this training.

\_\_\_\_\_

Immediate Supervisor's Signature

\_\_\_\_\_

Date

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|--|---|

**Please have your supervisor fill out the information, then scan and upload this document to your online application.**

