

**ISP LEADER APPROVAL-STAFF/FACULTY**  
**SUPERVISOR & VP APPROVAL IS REQUIRED FOR ALL CBU STAFF & FACULTY**

Applicant's Name: \_\_\_\_\_

2018

Dates of Availability\*: \_\_\_\_\_

*\*Staff or Faculty member will be absent for  
ISP team during the timeframe listed above.*

Who is your immediate supervisor? Name: \_\_\_\_\_

Title: \_\_\_\_\_

Who is your area Vice President? Name: \_\_\_\_\_

Area: \_\_\_\_\_



**Your supervisor must authorize your request for time away to participate in ISP. Once you have discussed this possibility with your supervisor, please request that he/she sign this approval section. Your supervisor must sign this authorization before it is submitted to your division VP.**

*This candidate for ISP Leadership is in good standing in his or her department. We have discussed his or her participation in ISP, and I support his or her decision to apply for a leadership position. I have also granted this faculty or staff member approval to be absent during the timeframe he or she has listed above.*

**Note to Supervisors:** *If you have any questions or concerns you would like to discuss prior to signing this authorization, please feel free to call Kerri Horton at x4718.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Immediate Supervisor*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Area Vice President*

**Supervisor—Forward this form with your signature to the division VP.  
VP—Forward form with your signature to the Mobilization office.**

**Please note--The due date for this form is October 13<sup>th</sup>.**

Please return form to:  
**Kerri Horton, Logistics Coordinator, Spiritual Life**

Forms may also be submitted via email: [khorton@calbaptist.edu](mailto:khorton@calbaptist.edu)