ODU™
Division of Talent Management and Culture

STAFF DREAM FUND

STATEMENT OF SUPPORT – IMMEDIATE SUPERVISOR

Name of Applicant: _____ Phone: _____

Supervisor name: _____ Phone: _____

How long have you supervised this employee: _____

Describe how this employee supports the University's mission, vision, values and goals.

Describe the value of this employee's impact on the ODU campus community and their community service outside. Include any committees or specific activities this employee has participated in.

Has this employee described/discussed their dream with you? If so, what have they shared with you about their dream?

How might the realization of this employee's dream impact this employee and the work in their unit afterwards?

If this employee is awarded the Staff Dream Fund, will you support the employee in scheduling time off to realize their dream?