



OLD DOMINION
UNIVERSITY

STAFF DREAM FUND

STATEMENT OF SUPPORT – IMMEDIATE SUPERVISOR



Name of applicant _____ Phone _____

Name of immediate supervisor _____ Phone _____

How long have you supervised this employee? _____

Describe how this employee meets the requirement that an applicant for this award is a meritorious employee, and/or who demonstrate the [ODU Service Standards](#).

Describe the value of this employee's "citizenship" in the ODU community – and his/her community outside of work. Do you know if this employee is active with any committees or activities on campus or in the community?

Has the 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/or the work unit afterwards?

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