

Instructions: Employee should submit a completed Upward Mobility Program (UMP) Application to his/her supervisor for approval and signature during the UMP enrollment period. Forward to Office of Civil Rights (OCR) for review at civil_rights@cdfa.ca.gov.

PART I: EMPLOYEE INFORMATION

Please provide all accurate contact information. Incomplete applications may not be considered for inclusion in the program.

Applicant Name:	Division/Branch/DAA
Preferred Phone Number:	Preferred Email
Current Classification:	

PART II: UMP INTEREST

Discuss your interest in the UMP. Explain why you want to participate and include your long- and short-term career goals. Include additional pages if necessary.

Employee Signature:	Date:

PART III: ELIGIBILITY

To be eligible for the UMP, applicants must meet the following criteria prior to participating and approval in the program. This section is to be completed by the applicant's supervisor.

Yes	No	
		6 months of experience in current job
		Discipline-free for 6 months
		Satisfactory job performance for 6 months
All boxes must be checked "yes" for participation approval		

PART IV: SUPERVISOR APPROVAL

By signing below, I am certifying that the employee applying for the UMP meets the eligibility requirements set forth in the [Upward Mobility Program Policy](#) and detailed on this application.

Supervisor's Printed Name:	
Supervisor's Signature:	Date Signed:

- Copies:
- OCR
- Supervisor
- Employee