## <u>Supervisory Leadership Development Academy (SLDA)</u> Application Form and Instructions Fall 2025

Deadline to Submit to Professional Development Department: Friday, August 22, 2025

## **Instructions**

The SLDA is open to Supervisory level employees, as well as non-supervisory lead employees who have a professional goal to advance into a Supervisory position. Applicants must commit to attend all eight (8) modules of the Academy, plus two Lunch & Learn sessions. However, if unexpected illness or critical work commitment prompts an absence, you'll be able to make up the missed session at the next SLDA and still graduate with the current cohort. The SLDA is an ongoing program and will be offered again in the future.

Application materials (	attached):			
☐ SLDA	SLDA Application Form Fall 2025			
☐ SLDA	Agenda Fall 2025			
deadline indicated or	s must be submitted to the P n the application form (attac r's signature or designee.	Professional Development Department by the hed). Please obtain your		
Upload the complete	d application to <a href="https://bit.ly">https://bit.ly</a>	<u>//SLDA2025</u> .		
For any questions to	issues, please email our de	partment at <u>profdevelopment@sdccd.edu</u> .		
The District appreciates your interest in the SLDA program, and we look forward to being able to support your career development efforts!				
Thank you,				
Rachel Wilker Acting Associate Vice	Jhelen Ramir Chancellor Senior HR Ted			
Professional Developm People, Culture, and T P: (619) 388-6373 F: (619) 388-6897	nent Office echnology Services   District (	Office		

## **SLDA Application Fall 2025**

Deadline submission: Friday, August 22, 2025

Applications must be uploaded here: <a href="https://bit.ly/SLDA2025">https://bit.ly/SLDA2025</a>

Contact Information					
Name:	Title:	Email Address:	Phone #:		
Campus:	Department:	Degree(s) or Certificate(s) Held:			
Name of Manager or Supervisor:	Title of Manager/Supervisor :	Phone #:	Email Address:		
Please describe your interest and indicate how you will app Agenda. Please be specific:					
Employee:  Name  Approving Manager/Supervi The above applicant meets or their participation in the Leade Academy workshops as indicated.	exceeds performance, condership Development Academ				
Name	Signature	Date			