**NOMINATIONS FOR THE**

**2023-2024** **ENTERPRISE MANAGEMENT DEVELOPMENT ACADEMY**

The Enterprise Management Development Academy (EMDA), coordinated by the DOA Bureau of Training and Development, is a year-long program to prepare new and aspiring managers to successfully assume leadership roles in state service. Candidates participate in a series of in-person and virtual courses to acquire and apply managerial knowledge and skills, culminating with a collaborative project. The cohort approach provides opportunities for cross-agency networking.

Participants are selected through a nomination process. New and aspiring managers from all state agencies are eligible to apply. A new manager has less than two years of supervisory experience. An aspiring manager has made a personal commitment to become a manager in Wisconsin state government.

There are 2 ways to be nominated for the EMDA program:

1. Your manager/supervisor or another manager/supervisor in your agency may initiate the nomination. They must be pay range 81-03 or higher.
2. You may nominate yourself with your current supervisor’s approval. They must be pay range 81-03 or higher.

Each agency has an internal process for submitting and reviewing applications and selecting candidates. Check with your agency Human Resources department for more details, including if you should complete this nomination form or follow a different process. A completed form does not guarantee EMDA participation.

*EMDA is committed to diversity and encourages women, minorities, and persons with disabilities to apply.*

Section 1 (Required)

**Nominee Information**

**Name of Nominee:** [NomineeName]

**Employee ID:** [NomineeEmployeeID]

**Position:** [NomineePosition]

**Agency:** [NomineeAgency]

**Work Address:** [NomineeWorkAddress]

**Work Phone:** [NomineeWorkPhone]

**Alternative Phone:** [NomineeAlternativePhone]

**Work Email:** [Section1NomineeEmail]

**Supervisory Experience**

* **Do you have supervisory experience?:** [NomineeSupervisoryExperience]
* **If yes, how many years have you been a supervisor?:** [NomineeYearsSupervisoryExp]
* **How many years of this experience have been in state service?:** [NomineeYearsSupExpState]

*Please note: If you have 2 years or more of any supervisory experience, you are ineligible for this program.*

Section 2A (Section 2A or 2B Required)

**Nomination by Manager/Supervisor**

*Complete this section for nominations submitted by managers/supervisors. Nominator must be at 81-03 pay range or higher, an equivalent pay range, or an unclassified administrator.*

*Nominating manager/supervisor should also submit a recommendation letter in section 5.*

*Leave this section blank for self-nominations and continue to ‘Self-Nomination’, Section 2B.*

I, [ManagerNomNominatingManagerName] nominate [NomineeName]

to participate in the EMDA. In nominating them for the program, I recognize their management abilities and potential. I acknowledge their participation will require time away from their daily work and confirm I will support this professional development, within the constraints of organizational demands.

**Signature:** [ManagerNomNominatingManagerSignature]   
**Date:** [ManagerNomFormSubmittedDate]   
**Job Class (e.g., 81-03):** [ManagerNomNominatingManagerJobClass]

**Current Manager/Supervisor Approval**

*Complete only if the nominating manager/supervisor is not the nominee’s current manager/supervisor.*

I, [CurrentManagerName] recognize the management abilities and potential of [Section1NomineeName]and approve their participation in the EMDA. I acknowledge their participation will require time away from their daily work, and confirm I will support this professional development, within the constraints of organizational demands.

**Signature:** [CurrentManagerSignature]   
**Date:** [CurrentManagerFormSubmittedDate]   
**Job Class (e.g., 81-03):** [CurrentManagerJobClass]

Section 2B (Section 2A or 2B Required)

**Self-Nomination**

*Complete this section for self-nominations. Leave this section blank for nominations by manager/supervisor and complete ‘Nomination by Manager/Supervisor’, Section 2A.*

I, [NomineeName] nominate myself to participate in the EMDA. In nominating myself for the program, I recognize my management abilities and potential. I acknowledge my participation will require time away from my daily work, and confirm the agency will encourage this professional development activity, within the constraints of organizational demands.

**Current Manager/Supervisor Approval**

I, [CurrentManagerName] recognize the management abilities and potential of [NomineeName] and approve their participation in the EMDA. I acknowledge their participation will require time away from their daily work, and confirm I will support this professional development, within the constraints of organizational demands.

**Signature:** [CurrentManagerSignature]   
**Date:** [CurrentManagerFormSubmittedDate]   
**Job Class (e.g., 81-03):** [CurrentManagerJobClass]

Section 3 (Required)

**Agency Head Approval**

*This section must be completed whether the applicant is nominated by a manager/supervisor or self-nominates.*

It is my professional opinion that the nominee is a qualified candidate for the EMDA.

**Name of Agency Representative:** **­­­­­­**[AgencyRepName]

**Title:** [AgencyRepTitle]   
**Department:** [AgencyRepDept]

**Signature:** [AgencyRepSignature] **­ Date:** [AgencyRepFormSubmittedDate]

Section 4 (Required)

**Manager/Supervisor Recommendation Letter**

Describe how you know the nominee and for how long you’ve known them. Discuss the nominee’s leadership skills and potential. What are their strengths? Provide an example of how they have demonstrated leadership. Be as specific as possible. Maximum 500 words.

*The nominating manager/supervisor must submit this letter for manager/supervisor recommendations.*

*Any manager/supervisor in the department may submit this letter for self-nominations. They must be at 81-03 pay range or higher, an equivalent pay range, or an unclassified administrator.*

[ManagerNomNominatingRecLetter]

Section 5 (Required)

**Nominee Essay**

Respond to all questions. Maximum 750 words.

* Describe a time when you served in a leadership role. What was the situation (be specific). How did you provide leadership? What lessons did you learn from the experience? How do you plan to use the knowledge and skills from the EMDA program to benefit Wisconsin state agencies? Be as specific as possible.

[NomineeEssay]

Section 6 (Required)

**Nominee Commitment**

*This section must be completed whether the applicant is nominated by a manager/supervisor or self-nominates.*

I verify the information in this application is accurate. If selected to participate in the EMDA, I commit to participating fully and to abide by all program policies and guidelines (see policies and guidelines below).

**Signature:** ­­­­­­­­­­[NomineeCommitmentSignature]   
**Date:** [NomineeFormSubmittedDate]

**EMDA POLICIES AND GUIDELINES**

* **Final Selection:** This application is now complete and approved by all parties. Please follow your agency's process for the final selection of EMDA participants.
* **Attendance:** Attendance demonstrates a commitment to the learning process and to other cohort members. Candidates are expected to attend all program sessions, to block off all session days/times on calendars upon acceptance, and plan ahead for work responsibilities and coverage as needed during the program.

Candidates may request one excused absence for critical personal illness or emergency or family emergency (such as the critical illness of a family member). Work-related absences will be considered only for documented emergencies (e.g., catastrophic event such as tornado or fire). Candidates who miss a class are expected to connect with the EMDA Coordinator to ensure they receive the class information and submit any missed assignments at a date mutually agreed upon by the candidate and EMDA Coordinator. Candidates missing more than 1 class will not graduate (please consult with the EMDA Coordinator for extraordinary circumstances).

* **Class Cancellation**: Occasionally, an EMDA session must be cancelled. In these extraordinary situations, the EMDA Coordinator will provide candidates as much notice as possible. Every attempt will be made to reschedule the class.
* **Withdrawal**: If a candidate must withdraw from EMDA, they must notify the Bureau of Training and Development and their agency **in writing**. Contact Shelley Ringelstetter, the EMDA Coordinator, at [shelley.ringelstetter1@wisconsin.gov](mailto:shelley.ringelstetter1@wisconsin.gov) and your agency leadership.

If written notice of withdrawal is received **ten (10) or more calendar days** prior to the first EMDA session, there will be **no cancellation fee.**

If written notice of withdrawal is received **less than** **ten (10) calendar days** prior to the first EMDA session, **full program fees will be billed.**

* **Confidentiality:** Participants are expected to treat personal or agency information shared in classes as confidential, not to be repeated in either oral or written form outside the class.
* **Communication:** Participants are expected to keep their immediate supervisor and other key agency leadership informed about their progress in the program, information they have learned, concerns they have, etc.
* **Evaluations:** Feedback is important for ensuring the program is engaging and relevant and making adjustments as needed. Candidates are expected to complete an evaluation after each class and to share concerns regarding the program directly with the program coordinator and/or instructors.