# NOMINATIONS FOR THE 2024-2025 ENTERPRISE MANAGEMENT DEVELOPMENT ACADEMY

## Program Description

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 leadership and 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 determined by each agency. New and aspiring managers from all state agencies and any job classification are eligible to apply. A new manager has less than two years of any supervisory experience (within or outside of state service). An aspiring manager has no supervisory experience and 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.

Supervisors must be at 81-03 pay range or higher, an equivalent pay range, or an unclassified administrator.

1. You may nominate yourself with your current supervisor’s approval.

Supervisors must be at 81-03 pay range or higher, an equivalent pay range, or an unclassified administrator.

Each agency has an internal process for submitting and reviewing applications and selecting candidates. Check with your agency’s 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. An [online form with automated workflows](https://forms.office.com/g/qAF4aDNLJ0) is also available.

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

## Section 1 (Required)Nominee Information

|  |  |
| --- | --- |
| **Required Information** | **Nominee’s Information** |
| **Name** |  |
| **Position** |  |
| **Agency** |  |
| **Work Address** |  |
| **Work Email** |  |

### Supervisory Experience

*Please note: If you have 2 years or more of any supervisory experience (inside or outside of state service), you are ineligible for this program.*

|  |  |
| --- | --- |
| **Supervisory Experience Questions** | **Nominee’s Information** |
| **Do you have any supervisory experience? Answer Yes or No.** |  |
| **If yes, how many years have you been a supervisor?** |  |
| **How many years of this experience have been in state service?** |  |

##

## 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 4*](#_Section_4_(Required))*.*

*Leave this section blank for self-nominations and continue to ‘Self-Nomination’,* [*Section 2B*](#_Section_2B_(Section)*.*

Inominatethe nominee to participate in the EMDA. In nominating them for the program, I recognize their management and leadership 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.

|  |  |
| --- | --- |
| **Required Information** | **Nominating Manager’s Information** |
| **Signature (initials)** |  |
| **Date** |  |
| **Pay Range (e.g., 81-03)** |  |

### Current Manager/Supervisor Approval

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

I recognize the management and leadership abilities and potential ofthe nominee 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.

|  |  |
| --- | --- |
| **Required Information** | **Current Manager’s Information** |
| **Signature (initials)** |  |
| **Date** |  |
| **Pay Range (e.g., 81-03)** |  |

##

## 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*](#_Section_2A_(Section)*.*

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

|  |
| --- |
| Signature |
|  |

### Current Manager/Supervisor Approval for Self-Nomination

I recognize the management and leadership abilities and potential ofthe nominee 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.

|  |  |
| --- | --- |
| **Required Information** | **Current Manager’s Information (for Self-Nomination)** |
| **Signature (initials)** |  |
| **Date** |  |
| **Pay Range (e.g., 81-03)** |  |

##

## 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.

|  |  |
| --- | --- |
| **Required Information** | **Agency Representative’s Information** |
| **Name of Agency Representative** |  |
| **Title** |  |
| **Agency** |  |
| **Signature (initials)** |  |
| **Date** |  |

## 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 4000 characters.

*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. Supervisors must be at 81-03 pay range or higher, an equivalent pay range, or an unclassified administrator.*

|  |
| --- |
| Manager/Supervisor Recommendation Letter Entry |
|  |

## Section 5 (Required)

### Nominee Essay

Respond to all questions. Maximum 4000 characters.

* 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.

|  |
| --- |
| Nominee Essay Entry |
|  |

## 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 |
|  |
| Date |
|  |

Final Selection
This application is now complete and approved by all parties. Please consult your agency to determine their process for final selection of EMDA participants.

## EMDA POLICIES AND GUIDELINES

* **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 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 one (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 their agency and the Bureau of Training and Development **in writing**. Contact Shelley Ringelstetter, the EMDA Coordinator, at 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.
* **Program Norms:** The EMDA is committed to cultivating a culture built on mutual respect and appreciation of the varying backgrounds and experiences of all cohort members. EMDA recognizes this goes beyond people feeling safe and respected and strives to create a climate in which all cohort members may thrive and flourish fully. Disrespectful, discriminatory, or harassing behavior of any kind will not be tolerated.