



Pool/Pact Risk Management Educational Grant Application Supervisor Report

Applicant(s): _____, _____

Training: _____

My signature below attests that:

1. That I have reviewed the PP Risk Management Educational Grant Application; and
2. Each applicant is in good standing with the organization; and
3. There are no performance or discipline issues pending or anticipated relating to the applicant(s); and
4. I anticipate the continued employment of the applicant(s) with our organization for the next few years.

Supervisor Name and Title

Supervisor Signature

Date: / /

Supervisor Email

Supervisor Telephone

Date: / /

Member Liaison Name

Signature

Date: / /

(After this report has been completed, scan and attach or submit with Grant Application to ZariaHanses@poolpact.com)