

## Supporting Services Mentoring Program Mentor Request Form

|   |                    |
|---|--------------------|
| Name: _____   | Employee ID: _____ |
| <p>By requesting a supporting services mentor, I attest that I am a permanent MCPS employee who is not currently on a special evaluation or in the Peer Assistance &amp; Review (PAR) program. I have notified my evaluator of participation in the Supporting Services Mentoring Program.</p> <p>Employee Signature: _____ Date: _____</p> |                    |

My goal for the mentoring program is to \_\_\_\_\_

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I am looking for a mentor who is able to \_\_\_\_\_

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Submit completed form to Mentor Coordinator, Department of Professional Growth Systems