

SIX SIGMA SUPERVISOR RECOMMENDATION FORM



SUPERVISOR INFORMATION:

NAME: _____
PHONE: _____
EMAIL: _____
DEPT _____
TITLE _____

EMPLOYEE DETAILS

NAME: _____
EEID _____
HIRE DATE _____

ANY DISCIPLINARY ACTIONS IN PAST 9 MONTHS?

YES NO

DO YOU AGREE TO ALLOW EMPLOYEE TO FULLY PARTICIPATE IN ALL IN-PERSON CLASSES?

YES NO

LETTER OF RECOMMENDATION

Briefly explain why you believe this employee would benefit from and contribute to the Six Sigma certification program, specifically highlighting their potential to apply these skills to enhance the City's efficiency and effectiveness. Use separate page if needed.
