

# Mentorship Program Approval Form

Last reviewed: [May 2024]

Next review: [May 2025]

[Public Service Commission]

*This form should be used to apply for the Corporate Mentorship Program.*

Please email this completed and signed form to [mentorship@gov.sk.ca](mailto:mentorship@gov.sk.ca).

**All participants – both mentees and mentors (excluding DMs and ADMs) – require the approval of their immediate supervisor to participate in the Corporate Mentorship Program.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Supervisor Name

I would  
like to be a:  
(check one)

- Mentor  
 Mentee  
 Both

\_\_\_\_\_  
Ministry/Branch

Supervisor Expectations:

I have read and understood the supervisor expectations checklist of the Corporate Mentorship Program, and acknowledge the time commitment necessary to participate.

Participant Expectations:

I have read and understood the mentor/mentee expectations checklist of the Corporate Mentorship Program, and discussed it with my supervisor. I commit to dedicating a minimum of two hours per month to the program.

I, \_\_\_\_\_  Approve OR  Deny the above mentioned employee's request.

Please provide comments to support your decision below:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date