

Wyoming CPM Program
Supervisor Statement of Commitment

To participate in the CPM program, I understand that _____
(Participant Name)
will require release time for class attendance, agency financial support, travel to training site,
and completion of a work related Capstone Project during a 12 month period.

Agency: _____

Supervisor's Printed Name: _____

Supervisor's Title: _____

Supervisor's Email: _____

Supervisor's Phone Number: _____

Agency: _____

Billing Contact Name: _____ Phone: _____

Email: _____

Supervisor's Signature: _____

Submit this signed supervisor form via email, fax or USPS to:

*Certified Public Manager Program of Wyoming
Training Center Room 117
1400 E. College Drive
Cheyenne, WY 82007
Email: dkaelin@lccc.wy.edu
Fax: 307.432.1604*