



Form no. (10) Supervisory Agreement

Employee Information:

Name:	Division:
Job Class:	Job Title:
Duration Spent in this Current Job:	Manager:
Phone No.	E-mail:

Supervisor Details:

Name:	Division:
Job Class:	Job Title:
Phone No.	E-mail:

We mutually and voluntarily inter into this Supervisory Agreement for the benefits and interest of both parties. We will endeavor to establish effective development activities during the term of this agreement. Note that we have discussed the specific points of supervision and guidance as a development opportunity. For the proper understanding of this relationship, we have recorded the following information:

Relationship Term:

Frequency of holding meetings:

Terms & Conditions of information confidentiality related to the subjects under discussion.

Approximate time commitment of Supervisor

The role of the supervisor (Consultations, being a role model in work, supervision, giving feedback and training, recommending the development activities and proposing or providing researches, etc).

Employee Signature:	
Signature:	Date:
Name:	Job title:
Approval of the supervisor	
Signature:	Date:
Name:	Job title: