



Local Government
Federal Credit Union

FELLOWS

LEADING FOR RESULTS Manager Recommendation Form

APPLICANT NAME/TITLE

ORGANIZATION

MANAGER NAME/TITLE

MANAGER PHONE NUMBER

Please describe why you recommend the applicant for the LGFCU Fellow Program. What do you hope they will gain from participating?

I understand that for participants in this program full participation is required and though virtual the time they are in the program should be treated as if they are out of the office.

Please send your completed recommendation form to Jessica Khan at khan@sog.unc.edu. Feel free to contact her with any questions at 919.966.4246.