

**2009 APRIL**  
**LEADERSHIP SUPERVISORY**  
**DEVELOPMENT PROGRAM**  
**AGENDA**

Plaza del Sol Building  
600 Second St. NW – 7<sup>th</sup> Floor Suite 700

**DAY 1- Tuesday, April 7, 2009**

8:00 a.m. - 9:50 a.m. – Herb Howell, LEAD Staff

10:00 a.m. - 12:00 p.m. – Harassment Avoidance: A. Baldwin, R. Benison

1:30 p.m. - 5:00 p.m. – Rules & Regulations, Q/A: M. Scott

**DAY 2- Wednesday, April 8, 2009**

8:00 a.m. - 10:30 a.m. - Employee Management: R. Autio

10:15- 12:15 p.m. – LEAD, RPR: H. Howell

1:30-5:00 p.m. - Wellness Seminar: J. D. Maes

**DAY 3- Tuesday, April 14, 2009**

8:00 a.m. – 10:00 a.m. - Mgmt Art & Science, PEG/EWP: H. Howell

10:40 a.m. - 12:00 p.m. – Labor Relations: L. Torres & P. Broome

1:30 p.m. - 3:20 p.m. – ADA: R. Benison

3:30 p.m. - 4:30 p.m. – ADR: S. Watson

**DAY 4- Wednesday, April 15, 2009**

8:00 a.m. - 11:30 a.m. – Budget Process: M. Sandoval & T. Shogry

1:30 p.m. - 5:00 p.m. – How to Hire the Best Person: B. Esquibel,

**DAY 5- Tuesday, April 21, 2009**

8:00 a.m. - 12:00 p.m. Reasonable Suspicion: L. Cruz

1:00 p.m. - 3:00 p.m. - Fleet Safety: P. Ennen

3:10 p.m. - 5:00 p.m. – Workplace Violence & EAP: J. Bain

**DAY 6- Wednesday, April 22, 2009**

8:00 a.m. - 5:00 p.m. - Workplace Safety Requirements/Leadership:

H. Howell, J. O'Connell, & P. Ennen



City of Albuquerque

2009 JUNE

## LEADERSHIP SUPERVISORY DEVELOPMENT PROGRAM

### PARTICIPANT REGISTRATION FORM

*Courses offered by the L.E.A.D. Division are open for enrollment for City of Albuquerque employees and L.E.A.D. Training Partners only.*

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Date of current grade: \_\_\_\_\_

Work Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ How many people do you supervise: \_\_\_\_\_

What is the name of the section or unit you supervise: \_\_\_\_\_

Work Location (address): \_\_\_\_\_

Are special accommodations required? \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

### SUPERVISOR'S APPROVAL

The participant's immediate supervisor's approval is required for attendance and granting permission to have the department billed for this training in the amount of \$125.00.

Please provide the activity and account number to be used for the Journal Voucher.

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Activity #

Supervisor's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please email completed form to MonTrosie Stallard at [MStallard@cabq.gov](mailto:MStallard@cabq.gov)  
If you do not have email, please fax to MonTrosie Stallard at 924-3811.

Center for Learning, Education And Development  
Human Resource Department  
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