

Job Shadow Application Form

Section I. To be completed by the Shadow

Name:

Position Title:

Who is the co-worker (host) you wish to shadow?

What do you hope to gain from the experience?

How will this placement help to meet your professional developmental needs?

Are there any aspects of the role you are particularly interested in observing?

Section 2. To be completed by the Shadow's Supervisor

Shadow Requested:

I approve the above request:

Signature _____ Date _____

Name of designated Host:

Dates of placement (which dates/times work best for you):

Shadow Signature _____

Host Signature _____

Shadow Supervisor Signature _____

Host Supervisor Signature _____

Please send a completed copy of this form to Human Resources (cohumanresources@maricopa.gov).