DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
Employee Participation

Child Welfare Training and Advancement Program (CWTAP)

TO: CWTAP Application Committee

RE: _____
Employee Name

The above captioned employee has applied to the Child Welfare Training and Advancement Program (CWTAP) at ☐ EWU ☐ UWS ☐ UWT. Participation in CWTAP is not a guarantee of employment.

As the Regional Administrator, Area Administrator, Supervisor or designee, I agree to work with CWTAP to identify workplace practicum arrangements that satisfy educational requirements and agency mission.

_____
Supervisor Print Name Date

_____
Area Administrator Print Name Date
(If applicable)

_____
Regional Administrator Print Name Date