



Form No. (8) Supervisory Agreement

Name:

Employee Information:	
Name:	Department:
Job Class:	Job Title:
Date of Appointment:	Manager:
Phone No.	E-mail:
Supervisor Details:	T_
Name:	Department:
Job Class:	Job Title:
Phone No.	E-mail:
We mutually and voluntarily inter into this Supervisory Agreement for the benefits and	
interests of both Parties hereto. 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:	
Rotation period:	
Frequency of holding meetings:	
Towns & Conditions of information confidentiality related to the subjects under	
Terms & Conditions of information confidentiality related to the subjects under discussion.	
discussion.	
Approximate time commitment of Supervisor	
ripproximate time communication 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).	
providing researches, etc).	
Employee Signature:	
Signature:	Date:
Name:	Job title:
supervisor Approval	
Signature:	Date:

Job title: