Coaching Request

AGWM

Your Name | *Region* | *Country/Assignment* | Coaching for: ☐ HOH ☐ Spouse

Coach's Name and Certification Type | *Start Date of Coaching* | *End Date of Coaching*

Total Cost | Do you request that payment be made from your work account? ◯ No ◯ Yes: *Account Number*

What type of coaching are you requesting?

- ◯ Professional (e.g., leadership, business, professional skills, executive, team)
- ◯ Personal (e.g., life, parenting, career, performance, spiritual)
- ◯ Other: _____

How will this coaching assist in your assignment?

Did your leadership request and/or recommend this coaching? ◯ No ◯ Yes

Conditions and Limitations. Career personnel receiving financial assistance for coaching with work funds must agree to complete one additional four-year term. If they terminate prior to completing that term, they must reimburse AGWM on a prorated basis for coaching assistance received (unless the termination was due to physical or emotional incapacity of the individual or the individual's family as verified by a physician or by the initiative of AGWM). Coaches engaged must meet the competency standards of the International Coach Federation (ICF) or an organization with similar standards (e.g., AG Coaching meets ICF standards). Cost and duration of coaching is limited to a maximum of 90 days and/or $3000 per term per individual, ADP, nontaxable, with a lifetime maximum of $6000.

Your signature below signifies agreement with the above conditions and limitations and any other requirements specified in the Educational Studies Guidelines.

Signature / Date | *HOH Name (if requester is not HOH)*

Forward completed form to your area director or IM ministry director to request approval.

Approvals

Area/Ministry Director Signature and Date

Regional/IM Director Signature and Date

Minute Date _____ ☐ AM ☐ EC

(See Educational Studies Guidelines for items requiring EC approval.)