

President's Management Council
INTERAGENCY ROTATION PROGRAM

Employee Statement of Interest

TO BE COMPLETED BY POTENTIAL ROTATIONS PROGRAM PARTICIPANT:

Name:			
Home Agency:			
Organization:		Functional Area:	
Email Address:		Phone Number:	
Current Title:		Current Clearances:	
GS Level:		Location/Address:	
Supervisor Name:		Supervisor Title:	
Supervisor Email:		Supervisor Phone:	
Brief Description of Current Role (major/core duties):			
Bio/Brief Description of Professional Background:			

Developmental Goals: Please select 2-3 ECQs you aim to develop and provide additional input.		
ECQs:		Please provide comments on your developmental goals related to this assignment:
Leading Change	<input type="checkbox"/>	
Leading People	<input type="checkbox"/>	
Results Driven	<input type="checkbox"/>	
Business Acumen	<input type="checkbox"/>	
Building Coalitions	<input type="checkbox"/>	
Please provide information about your career objectives and the steps you have taken to work toward them:		
How would this opportunity contribute to your short-term performance and long-term career goals?		
Special Requirements (if any):		

I understand this program's requirements and am prepared to engage in a 6-month rotation at another agency:

Employee's Signature

Date

Supervisor Approval

TO BE COMPLETED BY SUPERVISOR:

Employee strengths:				
Employee career development needs:				
Based on this individual's strengths and development needs, what type of work might be most beneficial? (For example, a project focused on a technical area, a leadership competency, a function/process, etc.) Why?				
I support this individual's interest in this program:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
I recommend this individual for this program:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
This person is available for a 6-month interagency rotation from April 2012 – September 2012:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Supervisor's Signature

Date

TO BE COMPLETED BY COMPONENT MANAGEMENT (DEPUTY ASSISTANT SECRETARY or EQUIVALENT):

I support this employee's participation in a 6-month interagency rotation:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Comments (optional):				

Deputy Assistant Secretary or Equivalent Signature

Date