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***The PMC Interagency Rotation Program enables emerging Federal leaders to expand their leadership competencies, broaden their organizational experiences, and foster networks they can leverage in the future.***

**Employee Statement of Interest**

***TO BE COMPLETED BY POTENTIAL ROTATIONS PROGRAM PARTICIPANT:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click here to enter text. | | |
| **Department/Agency:** | Click here to enter text. | | |
| **Component:** | Click here to enter text. | **Functional Area:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. | **Phone Number:** | Click here to enter text. |
| **Current Title:** | Click here to enter text. | **Current Clearances:** | Click here to enter text. |
| **GS Level:** | Click here to enter text. | **Location/Address:** | Click here to enter text. |
| **Supervisor Name:** | Click here to enter text. | **Supervisor Email:** | Click here to enter text. |
| **Supervisor Title:** | Click here to enter text. | **Supervisor Phone:** | Click here to enter text. |
| **Brief Description of Current Role (major/core duties):** | | | |
| Click here to enter text. | | | |
| **Brief Bio/Description of Professional Background:** | | | |
| Click here to enter text. | | | |

4/08/2014

|  |  |  |
| --- | --- | --- |
| **Developmental Goals: Please identify 2-3 Executive Core Qualification (ECQ) Competencies you aim to develop and provide additional input.** For more information about the ECQ Competencies, please visit: [www.opm.gov/ses/recruitment/ecq.asp](http://www.opm.gov/ses/recruitment/ecq.asp). | | |
| ***ECQs (check all that apply):*** | | ***Please provide comments on your developmental goals related to this assignment:*** |
| *Leading Change* |  | Click here to enter text. |
| *Leading People* |  |
| *Results Driven* |  |
| *Business Acumen* |  |
| *Building Coalitions* |  |
| **Please provide information about your career objectives and the steps you have taken to work toward them:** | | |
| Click here to enter text. | | |
| **How would this opportunity contribute to your short-term performance and long-term career goals?** | | |
| Click here to enter text. | | |
| **Do you require any reasonable accommodations? *If yes, please explain.*** | | |
| Click here to enter text. | | |
| **Are there any special requirements associated with your job series? *If yes, please explain.*** | | |
| Click here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **I understand this program’s requirements and am prepared to engage in a 6-month rotation at another agency:** | | | |
|  |  | Click here to enter a date. |  |
| **Employee’s Signature** | | **Date** | |

**Supervisor Approval**

***TO BE COMPLETED BY SUPERVISOR:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee strengths:** | | | | | | |
| Click here to enter text. | | | | | | |
| **Employee career development needs:** | | | | | | |
| Click here to enter text. | | | | | | |
| **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?** | | | | | | |
| Click here to enter text. | | | | | | |
| **I support this individual’s interest in this program:** | | | **YES** |  | **NO** |  |
| **I recommend this individual for this program:** | | | **YES** |  | **NO** |  |
| **This person is available for a 6-month interagency rotation:** | | | **YES** |  | **NO** |  |
|  |  | Click here to enter a date. | |  | | |
| **Supervisor’s Signature** | | **Date** | | | | |

***TO BE COMPLETED BY COMPONENT MANAGEMENT (FIRST SES IN YOUR CHAIN OR EQUIVALENT):***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I support this employee’s participation in a 6-month interagency rotation:** | | | **YES** |  | **NO** |  |
| **Comments (optional):** | | | | | | |
| Click here to enter text. | | | | | | |
|  |  | Click here to enter a date. | |  | | |
| **Component Leadership Approval** | | **Date** | | | | |

**Checklist:**

* **Participant Signature (No digital signatures)**
* **Supervisor Signature (No digital signatures)**
* **Component Leaders Signature (No digital signatures)**
* **Resume attached to this form**

**Submit your completed application and resume in ONE PDF file to** [**PMCROTATIONS@HQ.DHS.GOV**](mailto:PMCROTATIONS@HQ.DHS.GOV)

**Files should be saved using the following format: last name\_first\_DHS**