

President's Management Council  
**INTERAGENCY ROTATION PROGRAM**

*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:**

<b>Name:</b>			
<b>Department/Agency:</b>			
<b>Component:</b>		<b>Functional Area:</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Current Title:</b>		<b>Current Security Level or Clearances</b>	
<b>GS Level:</b>		<b>Location/Address:</b>	
<b>Supervisor Name:</b>		<b>Supervisor Email:</b>	
<b>Supervisor Title:</b>		<b>Supervisor Phone:</b>	
<b>Brief Description of Current Role (major/core duties):</b>			
<b>Brief Bio/Description of Professional Background:</b>			

**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*

*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:**

**How would this opportunity contribute to your short-term performance and long-term career goals?**

**Do you require any reasonable accommodations? *If yes, please explain.***

**Are there any special requirements associated with your job series? *If yes, please explain.***

**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

NO

**I recommend this individual for this program:**

YES

NO

**This person is available for a 6-month interagency rotation:**

YES

NO

\_\_\_\_\_  
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

NO

**Comments (optional):**

\_\_\_\_\_  
Deputy Assistant Secretary or Equivalent Signature

\_\_\_\_\_  
Date