

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:

Name:			
Department/Agency:			
Component:		Functional Area:	
Duty Station Address			
Headquarters (HQ) or Field/Regional Employee		Federal Executive Board (FEB) Office <i>(If applicable)</i>	
Gov Email Address:		Phone Number:	
Current Title:		Current Clearance(s) or Security Level	
Current GS Level:			
Supervisor Name:		Supervisor Email:	
Supervisor Title:		Supervisor Phone:	

Brief Description of Current Role (major/core duties):

Brief Bio/Description of Professional Background:

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.

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? *This is an optional response.*

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

I am telework ready and have a virtual workplace to conduct official government business (such as my home) with an Internet connection where I do not anticipate any issues working virtually with a host agency.

YES

NO

I understand this program's requirements and expectations as outlined in supporting documentation provided by the Office of Personnel Management PMC IRP Program Office and my agency. I also understand that changes may be required to the program without notice during this virtual pilot by OPM or my agency, and I agree to abide by and be subject to such changes. I am prepared to engage in a 6-month virtual rotation at another agency without any expectation to being physically present at a host agency's worksite.

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 virtual interagency rotation:

YES NO

This person is currently telework ready and equipped, according to our agency's telework policy and current Coronavirus 2019 guidance and requirements (refer to Safer Federal Workforce Task Force website <https://www.saferfederalworkforce.gov/> for the latest issuances), and is performing at the Fully Successful Level or higher.

YES NO

Supervisor's Signature

Date

TO BE COMPLETED BY COMPONENT MANAGEMENT:

I support this employee's participation in a 6-month virtual interagency rotation:

YES NO

Comments (optional):

Program/Business Unit Senior Executive or Equivalent

Date