

**U. S. DEPARTMENT OF ENERGY  
2014-2015 LEADERSHIP TRANSITION PROGRAM**

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**APPLICATION PACKAGE  
COVER SHEET**

**Applicant:** \_\_\_\_\_

Attached is my application package for the FY 2014-2015 Leadership Transition Program. I have obtained supervisory approval and have coordinated the review of this application as required within my organization.

**Application Forms Required:**

- Developmental Objectives and Accomplishments
- Supervisory Assessment
- Resume
- Standard Form -182 (General Request, Authorization, Agreement, and Certification of Training)

Submit application package to:

Office of Learning and Workforce Development

HC-22

Program Manager:

Shawn Mason

Telephone: 202-586-8862

**Applicant Information**

<b>Name:</b>	
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<b>Title:</b>		<b>Series:</b>	<b>Grade:</b>

<b>Work Address:</b>	

<b>Work Phone:</b>		<b>Work Fax:</b>	
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<b>E-Mail Address:</b>	
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**Supervisor and Agency Nominating Official Information**

<b>Supervisor's Name:</b>	
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<b>Title:</b>		<b>Work Address:</b>	
<b>Work Phone:</b>			
<b>E-Mail Address:</b>			

<b>Agency Nominating Official:</b>	
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<b>Title:</b>		<b>Work Address:</b>	
<b>Work Phone:</b>			

## ***Developmental Objectives and Accomplishments***

(To Be Completed by the Applicant)

**NOTE: ALL APPLICANTS MUST SUBMIT A RESUME**

**Part A:** Please state your purpose for applying as your objective on your resume. How will your participation in the Leadership Transition Program support your career goals over the next 3-5 years?

**Part B:** How will your participation support the accomplishment of your organization's mission upon completion of the program?

### **Developmental Accomplishments**

Describe three career or personal developmental accomplishments that you have had within the past three years, and under each accomplishment list the self-study, on-the-job training courses, developmental assignments, or other learning activities that you undertook to achieve each one.

**Accomplishment #1:**

**Accomplishment #2:**

**Accomplishment #3:**

**Assessment of Potential**  
(To Be Completed by the Supervisor)

**Part A:**

This assessment should focus on indicators of potential such as educational pursuits, self-study, formal training, developmental work assignments, membership and leadership on teams and task forces, special assignments, and involvement in voluntary civic/community activities demonstrating leadership qualities.

**Part B:**

Place an X in the block that best describes the applicant's overall potential for leadership positions.

Low					Medium					Medium High					High				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

<b>Period of Time You Have Supervised Applicant</b>	<b>Years:</b>		<b>Months:</b>	
<b>Supervisor's Signature:</b>				
<b>Supervisor's Title:</b>		<b>Phone Number:</b>		

## Privacy Act Statement

The information provided in this package is covered by the Privacy Act of 1974 (Title 5, U.S. Code 552a).

**Purposes and Uses** — The primary purpose of the information collected is for use in the administration of the Leadership Transition Program to document the nomination of trainees. Information collected may also be provided to other agencies and to Congress upon request. This information becomes a part of the permanent employment record of participants in training programs, and should be included in the DOE's General Training Records and is subject to all of the published routine uses of that system of records.

**Authority** — This information is being collected under the authority of The Government Employees Training Act of 1958, 5 U.S.C. § 4103 *et seq.*

**Effects and Nondisclosure** — Providing the personal information requested is voluntary; however, failure to provide this information may result in ineligibility for participation in training programs or errors in the processing of training you have applied for or completed.