

DOD EXECUTIVE LEADER DEVELOPMENT PROGRAM NOMINEE INFORMATION SHEET

COMPONENT / AGENCY INFORMATION

<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> Air Force	<input type="checkbox"/> National Guard (Army)
<input type="checkbox"/> Intelligence	<input type="checkbox"/> USMC*	<input type="checkbox"/> Space Force**	<input type="checkbox"/> National Guard (Air Force)
<input type="checkbox"/> 4th Estate	Agency/Org: <input style="width: 100%;" type="text"/>		
NOTE: Include Command and Unit Name (Except Army and USAF Civilians)			
<input type="checkbox"/> Other Agency	Agency/Org: <input style="width: 100%;" type="text"/>		
* = Department of the Navy Allocation ** = CIV Department of the Air Force Allocation			

NOMINEE INFORMATION

<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
Prefix/RNK	First Name	Middle	Last Name	Suffix
Name for Graduation Certificate: <input style="width: 100%;" type="text"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Federal Civilian	Active Duty Officer	National Guard Officer		
CIV Grade / Band:***	<input style="width: 100%;" type="text"/>	Position Title:	<input style="width: 100%;" type="text"/>	
*** = if Pay Band include GS equivalent				
Occupational Series:	<input style="width: 100%;" type="text"/>	Position Role:	<input style="width: 100%;" type="text"/>	
MIL Rank / Grade:	<input style="width: 100%;" type="text"/>	CAC / EDIPI:	<input style="width: 100%;" type="text"/>	
Branch / MOS	<input style="width: 100%;" type="text"/>	Security Clearance:	<input style="width: 100%;" type="text"/>	
Date of Last Promotion:	<input style="width: 100%;" type="text"/>	Pend Next Assignment:	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Work Email	Phone:	DSN:		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Alternate Email	Alt Phone	GOV / PER		

ORGANIZATION INFORMATION

Organization / Agency /Unit Address:	Physical Address:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Number / Street / Suite	Number / Street / Suite
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City / State or APO / Zip	City / State or APO / Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Supervisor / Commander	Financial POC
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Supervisor Email	Financial POC Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
DODAC / Unit Identification Code	Agency Location Code (RM)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Attestation: I affirm that the information is complete and correct to the best of my knowledge.	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Nominee Signature	Date

**DOD EXECUTIVE LEADER DEVELOPMENT PROGRAM
STATEMENT OF INTEREST**

The Statement of Interest should not repeat information in the resume, information sheet, or other supplemental materials required for specified program. Rather, it should focus on why you should be selected as a participant in the DOD Executive Leadership Development Program.

Address, in 500 words or less, the following:

- your strengths and character traits that make you an ideal candidate for the program
- the contributions you will make to support your learning and that of your peers
- how attending the program fits into your professional career development plan
- the return on investment to your Component/organization and to the Department of Defense

**DOD EXECUTIVE LEADER DEVELOPMENT PROGRAM (ELDP)
SUPERVISOR ASSESSMENT**

This part is to be completed by the nominee's immediate supervisor (member who is thoroughly familiar with applicant's performance in order to assess leadership potential).

Nominee's Full Name:

Current Position Title:

Current Supervisory Level: Employee Team Leader Supervisor

Please rate the nominee's PROFICIENCY in each of the following competencies (this information is used only to obtain a "before and after" assessment of the nominee and not considered in the selection process)

COMPETENCIES	PROFICIENCY		
<small>¹ In somewhat difficult situations; requires frequent guidance. ² In difficult situations; requires occasional guidance. ³ In exceptionally difficult situations; serves as a key resource and advises others.</small>	Needs Development ¹	Proficient ²	Outstanding/ A Personal Strength ³
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (Written & Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity, Equity, Inclusion & Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DOD EXECUTIVE LEADER DEVELOPMENT PROGRAM (ELDP)
SUPERVISOR ASSESSMENT (continued)**

Supervisory Narrative: In 250 words or less, provide an assessment of the nominee's supervisory/managerial potential and how ELDP will benefit the nominee and the Department of Defense.

Supervisory and Leadership Endorsement:

Based on my personal experience and discussions with this nominee, knowledge of his/her current/past performance, and review of his/her application package, this nominee is ready to participate in this program.

Immediate Supervisor Title:

Immediate Supervisor Phone:

Immediate Supervisor Signature **Date**

Second Level Supervisor Name:
FirstMiddleLast

Second Level Supervisor Title:

Second Level Supervisor Signature **Date**

Understanding of Program Requirements:

I have read and understand the ELDP program requirements and acknowledge some requirements may involve travel and time during regular duty hours to complete program graduation requirements. I have also spoken with my organizational/Component leadership to ensure they understand these requirements as well.

Nominee Signature **Date**

Immediate Supervisor Signature **Date**

BIOGRAPHY Template

Name Title
Component/Organization

<Insert a One Paragraph Narrative beginning here highlighting your strengths>

Professional Work Experience:

-
-
-

Education:

-
-
-

SIGNIFICANT TRAINING:

-
-
-

CERTIFICATIONS:

-
-
-

AWARDS AND HONORS:

-
-
-

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS/PUBLICATIONS:

-
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