

President's Management Council

Interagency Rotation Program

The President's Management Council Interagency Rotation Program (PMC IRP) enables Federal employees to expand leadership competencies, broaden organizational experiences, and foster networks to 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, and I am prepared to engage in a six (6) or nine (9) month rotation at another agency. I also understand that changes may be required to the program without notice during this cohort by OPM or my agency, and I agree to abide by and be subject to such changes.

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 | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| I recommend this individual for this program: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| This person is available for a six (6) or nine (9) month interagency rotation: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| This person has a current and active telework/remote work agreement, is equipped to complete virtual work, and is performing at the Fully Successful Level or higher. Please reference the <i>Program Information</i> document for further guidance and information. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Supervisor's Signature

Date

TO BE COMPLETED BY COMPONENT MANAGEMENT:

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| I support this employee's participation in a six (6) or nine (9) month interagency rotation: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Comments (optional): | | | | |
| | | | | |

Program/Business Unit Senior Executive or Equivalent

Date