

This form is available electronically.

**AD-2010**

(06-19-02)

## 2003 Federal Executive Institute (FEI) NOMINATION FORM

**Note: Deadline July 8, 2002**

1. Name	2. Division/Staff <i>(Include Office Address)</i>	3. Room Number and STOP Code
4. E-Mail Address	5A. Position Title	5B. Grade
6. Full-Time Federal Employee? <i>(Check one box below:)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Office Telephone Number <i>(Include area code)</i>	8. Office Fax Number <i>(Include area code)</i>

**9. Please notify your supervisor that you are submitting your name for consideration of the training listed below. Have your supervisor sign below to indicate that they have been notified.**

10A. Supervisor's Signature	10B. Supervisor's Telephone Number <i>(Include area code)</i>	10C. Date (MM-DD-YYYY)
10D. Print Supervisor's Name and Title	10E. Supervisor's Mailing Address	

**11. Select your 1st and 2nd choices of program dates by placing an "U" in the appropriate Column A below.**

A.		B.	C.
1ST CHOICE	2ND CHOICE	PROGRAM NUMBER	DATES
		Program 283	October 27 - November 22, 2002
		Program 284 (Split Session)	December 1 - 13, 2002, and March 9 - 21, 2003
		Program 285	January 5 - January 31, 2003
		Program 286	February 2 - February 28, 2003
		Program 287	March 23 - April 18, 2003
		Program 288 (Split Session)	April 27 - May 9, 2003, and August 3 - August 15, 2003
		Program 289 (Split Session)	May 11 - May 23, 2003, and August 17 - August 29, 2003
		Program 290	June 1 - June 27, 2003
		Program 291	July 6 - August 1, 2003
		Program 292	September 14 - October 10, 2003

**12. Other required information to be included with this nomination form:**

- A. Written statement of up to 2 pages addressing how the below abilities or competencies in the following areas are supported in your current position;
- Leadership
  - Initiative
  - Interpersonal Communication
  - Oral
  - Written
  - Technical Competence
- B. Current OF-612 or SF-171 or resume signed and dated by the applicant.
- C. List all formal training courses taken in the last 5 years.

**13. Please submit this nomination form, and all other information listed in Item 12, by July 8, 2002.**

<p><b>Arlene Bailey</b>  <b>USDA, FSA, HRD, TDB</b>  <b>STOP 0574</b>  <b>1400 Independence Avenue, S.W.</b>  <b>Washington, DC 20250-0574</b></p>	<p>OR</p>	<p><b>If sending package by FedEx, UPS, Expressmail or hand carry use address below:</b></p> <p><b>USDA-FSA-HRD-TDB</b>  <b>2101 L Street, NW, Suite 303-A</b>  <b>Washington, DC 20037</b></p>
--	-----------	---

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.