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AD-2021
(11-28-01)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

**2002 ASPIRING LEADER PROGRAM (ALP)
NOMINATION FORM**

Note: Deadline December 14, 2001

1. Indicate appropriate Agency (Check)

FSA

FAS

2. Name

3. Duty Station

4. Stop Code

5. Title

6. Grade

7. Telephone Number

()

8. Please notify your supervisor that you are submitting your name for consideration of the training listed above. Have your supervisor sign below to indicate that they have been notified. **Travel/lodging costs will be funded by the employee's office travel budget.**

NOTE: Union officials on 100% official time do not need supervisory concurrence and signature.

A. Supervisor's Signature

Date

B. State Executive Director Signature (Required for all County Employees)

Date

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

A. A statement written by the first-line supervisor or Agency Nominating Official that assesses the applicant's potential.

B. Current resume, OF-612 or SF-171, which includes the following:

- Full Name
- Home Address
- Signature of Applicant
- Date

C. Written statement of up to 2 pages addressing how this training will improve your performance in current and expected job assignments. Emphasis should be on how abilities or competencies in the following areas are supported:

- Leadership
- Initiative
- Interpersonal Communication
- Oral
- Written
- Technical Competence

D. List of all formal training courses taken in the last 5 years.

10. Please submit this nomination form and all other "required" information listed above (the original and 3 copies), by December 14, 2001.

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OR

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