

U.S. DEPARTMENT OF ENERGY

SENIOR EXECUTIVE SERVICE CANDIDATE DEVELOPMENT PROGRAM (SESCDP)

Developmental Assignment Opportunity

DATE: _____

NAME OF SES CANDIDATE: _____

TITLE: _____

ASSIGNMENT NUMBER: _____

ASSIGNMENT BEGINS: _____ ENDS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

ASSIGNMENT LOCATION

HOST ORGANIZATION: _____

PURPOSE OF ASSIGNMENT: _____

ASSIGNMENT POSITION: _____

ASSIGNMENT DUTIES: _____

EXECUTIVE COR QUALIFICATIONS TO BE ADDRESSED: _____

OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

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ASSIGNMENT SUPERVISOR INFORMATION:

NAME OF SUPERVISOR: _____

TITLE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

THIS ASSIGNMENT IS ___ IS NOT ___ LISTED ON MY EDP. (IF NOT, PLEASE SUBMIT A REVISED PLAN BEFORE BEGINNING THE ASSIGNMENT.)

(Confirmed assignments should be forwarded to the SES Candidate Development Program Manager.)

SES CANDIDATE SIGNATURE

DATE

HOST SUPERVISOR SIGNATURE/ORGANIZATION

DATE