



U.S. Office of Personnel Management
TRAINING NOMINATION FORM
Initial Delegated Examining Certification Training

Location of Training:

First Choice

Second Choice

Training Dates:

First Choice (MM/DD/YY)

Second Choice (MM/DD/YY)

Name of Nominee: _____ Email: _____

Pay Plan: _____ Series: _____ Grade: _____ Title: _____

Type of Employment: Current Federal Employee Contractor

Length of Federal Staffing Experience: _____ Years _____ Months

If length of Federal staffing experience is less than 6 months, please indicate below the titles of Federal staffing courses you have successfully completed. *(You may be asked to provide a copy of the certification for verification.)*

Do you need special accommodations? No Yes *(specify):* _____

Agency Name: _____

Agency Address: _____

DEU ID Number: _____

Agency Point-of-Contact
(if different from nominee): _____ Phone: _____

Nominee's Signature: _____ Date: _____

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____