

TRAINING NOMINATION AND EMPLOYEE ASSESSMENT

Delegated Examining Training

Training Location and Dates: _____

Training Dates Requested: _____

Agency Contact Person and
Phone *(if different from nominee)*: _____

Indicate the type of training: Initial _____ or Re-Certification _____

Name of Nominee: _____

Title, Series, and Grade: _____

Length of Federal Staffing
Experience: _____

Agency Name and Address: _____

Nominee Telephone #: _____

E-mail Address: _____

Delegation Agreement no.: _____

Employee Signature and Date: _____

Supervisor Signature and Date: _____