

***The CIGIE Interagency Fellows Program enables emerging OIG leaders to expand their leadership competencies, broaden their organizational experiences, and foster networks they can leverage in the future.***

**CIGIE Interagency Fellows Program - OIG Employee Statement of Interest**

***TO BE COMPLETED BY POTENTIAL FELLOWS PROGRAM PARTICIPANT:***

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| **Name:** | Click here to enter text. |
| **Department/Agency:** | Click here to enter text. |
| **Component:** | Click here to enter text. | **Functional Area:**  | Click here to enter text. |
| **Email Address:** | Click here to enter text. | **Phone Number:** | Click here to enter text. |
| **Current Title:** | Click here to enter text. | **Current Clearances:** | Click here to enter text. |
| **GS Level/Equivalent:** | Click here to enter text. | **Location/Address:** | Click here to enter text. |
| **Supervisor Name:** | Click here to enter text. | **Supervisor Email:** | Click here to enter text. |
| **Supervisor Title:** | Click here to enter text. | **Supervisor Phone:** | Click here to enter text. |
| **Brief Description of Current Role (major/core duties):** |
| Click here to enter text. |
| **Brief Bio/Description of Professional Background: \*Please attach current Resume to this form.**  |
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| **Developmental Goals: Please identify Executive Core Qualification (ECQ) Competencies you aim to develop and provide additional input.** For more information about the ECQ Competencies, please visit: [www.opm.gov/ses/recruitment/ecq.asp](http://www.opm.gov/ses/recruitment/ecq.asp). |
| ***ECQs (check all that apply):*** | ***Please provide comments on your developmental goals related to this assignment:*** |
| *Leading Change* |[ ]  Click here to enter text. |
| *Leading People* |[ ]   |
| *Results Driven* |[ ]   |
| *Business Acumen* |[ ]   |
| *Building Coalitions* |[ ]   |
| **Please provide information about your career objectives and the steps you have taken to work toward them:** |
| Click here to enter text. |
| **How would this opportunity contribute to your short-term performance and long-term career goals?** |
| Click here to enter text. |
| **Do you require any reasonable accommodations? *If yes, please explain.*** |
| Click here to enter text. |
| **Are there any special requirements associated with your job series? *If yes, please explain.*** |
| Click here to enter text. |

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| **I understand this program’s requirements and am prepared to engage in an interagency detail to another OIG:** |
|  |  | Click here to enter a date. |  |
| **Employee’s Signature** | **Date** |

**Supervisor Approval**

***TO BE COMPLETED BY SUPERVISOR:***

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| **Employee strengths:**  |
| Click here to enter text. |
| **Employee career development needs:** |
| Click here to enter text. |
| **Based on this individual’s strengths and development needs, what type of work might be most beneficial?(For example, a project focused on a technical area, a leadership competency, a function/process, etc.) Why?** |
| Click here to enter text. |
| **I support this individual’s interest in this program:**  | **YES** |[ ]  **NO** |[ ]
| **I recommend this individual for this program:** | **YES** |[ ]  **NO** |[ ]
| **This person is available for a 6-month interagency rotation:** | **YES** |[ ]  **NO** |[ ]
|  |  | Click here to enter a date. |  |
| **Supervisor’s Signature** | **Date** |

***TO BE COMPLETED BY OIG SENIOR LEADERSHIP (DEPUTY INSPECTOR GENERAL/EQUIVALENT OR HIGHER):***

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| --- | --- | --- |
| **I support this employee’s participation in an interagency fellowship:** | **YES** |[ ]  **NO** |[ ]
| **Comments (optional):** |
| Click here to enter text. |
|  |  | Click here to enter a date. |  |
| **Deputy Inspector General/Equivalent or Higher Signature** | **Date** |