DEPARTMENT OF HOMELAND SECURITY

Homeland Security Rotation Program Application Form

Participation in the program is for developmental and training purposes and as with any other opportunity, does not in any way obligate management to provide promotional opportunities for the individual.

Employee Information

Employee Name:			
Organization:		Phone:	
Duty Title & Grade:		E-mail:	
Security Clearance:			
Supervisor:			
Supervisor E-mail:		Phone:	

Are you requesting a Rotational Assignment as a participant of one of these programs?

☐ DHS Fellows ☐ DHS SES Candidate Development ☐ PMF Program ☐ Other _____

Requested Rotational Assignment

Have you already secured a rotational assignment? ☐ Yes ☐ No

If yes, please provide the following information. ***All DHS employees participating in a Rotational Assignment are required to complete the HSRP Application Form and be approved by DHS Office of the Chief Human Capital Officer prior to the start of any Rotational Assignment.***

Organization: _____

Rotation Duty Title: _____

Proposed Dates: From: _____ To: _____

Host Office Supervisor: _____

Phone: _____ E-mail: _____

If no, please identify by preference three Components and functional areas which you would be interested in performing your rotational assignment or indicate which opportunity you are applying for:

1:

2:

3:

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Rotational Assignment Description
Please describe the duties associated with your proposed rotation. If you have not secured a rotation, what duties would you like to be included in your rotational assignment?
Funding: Is funding required? ☐ Yes ☐ No *If yes, is your Component willing to fund this RA?* ☐ Yes ☐ No

Executive Core Qualifications (ECQ)

Using OPM ECQs, please describe the individual development goals you hope to obtain through the RA in one or more ECQ.
(OPM ECQs definitions are available at www.opm.gov/ses/recruitment/ecq.asp)

Leading Change	Leading People	Results Driven	Business Acumen	Building Coalitions

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Applicant Signature	Print Name	Date
Title:		
Email:		

Component Management Approval

As the Component Management you are certifying/acknowledging that:

- The office of record will continue to pay the employee's salary during the RA.
- The office of record will continue to certify web TA and all leave requests.
- The office of record cannot fill behind the employee except by temporary assignment.

Please have your appropriate Component Management approve your request for a Rotational Assignment.

Component Manager Signature	Print Name	Date
Title		Phone
Email		

Host Office Management Approval

1. The participant will be actively engaged in performing the duties of the rotational assignment as indicated in the HSRP Statement of Performance Expectations.
2. The participant will receive ongoing feedback during the rotational assignment from the Rotational Assignment Supervisor, with a performance discussion occurring at the mid-point.
3. Vacation and sick leave during training periods are not considered part of the rotation assignment.
4. The Host Office Supervisor will complete the Department of Homeland Security Rotation Program Statement of Performance Expectations (Appendix C) evaluation and provide feedback to the candidate within 30 business days after the RA ends.

Please have your appropriate Component Management approve this Rotational Assignment.

Component Manager Signature	Print Name	Date
Title		Phone
Email		
Actual Rotation Dates		

Please scan and submit this form to rotations@hq.dhs.gov