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HRDG 4413 - Career Enhancement Program - Exhibit C

Last Modified:

Section D-Documentation
Exhibit C--Sample Supervisory Assessment
Qualification Statement

CAREER ENHANCEMENT
PROGRAM

Announcement Number: _____

CAREER ENHANCEMENT PROGRAM
SUPERVISORY ASSESSMENT QUALIFICATION STATEMENT

APPLICANT'S NAME: _____

POSITION FOR WHICH APPLYING: _____

INSTRUCTIONS: Based on personal knowledge of the applicant, please evaluate the applicant's potential to perform each job element shown below by checking the appropriate column:

KNOWLEDGE, SKILLS, OR ABILITIES NEEDED	COMPLETELY TRUE	MORE TRUE THAN FALSE	MORE FALSE THAN TRUE	NOT TRUE	DON'T KNOW
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Knowledge of Program, Agency,
and Departmental regulations,
policies and procedures and
other administrative laws and
regulations applicable to
assigned areas of responsibility.

Ability to follow policies and
procedures.

Ability to accept responsibility
and initiate action.

Ability to evaluate facts and
make decisions.

Ability to communicate in writing
in order to prepare reports and
respond to requests for
information.

Ability to communicate orally in
order to obtain and provide
information.

Ability to compile, analyze, and
evaluate data for reports and to
respond to special requests.

COMMENTS: _____

SUPERVISOR'S SIGNATURE & TITLE DATE

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