## DEFENSE CIVILIAN EMERGING LEADER PROGRAM (DCELP) SUPERVISOR ASSESSMENT

This part is to be completed by the nominee's immediate supervisor who is thoroughly familiar with his/her performance in order to assess his/her leadership potential.

Nominee's Name:					
Current Position:					
Current Position level:	Employee	Team Leader			
	Member of Fellov	vship Program			
Please rate the nominee's Phonly to obtain a "before and		0 1	etencies (this info	rmation is used	
Competencies		C	Current Proficiency		
		Needs Development <sup>1</sup>	Proficient <sup>2</sup>	Outstanding/ A Personal Strength <sup>3</sup>	
Interpersonal Skills					
Integrity/Honesty					
Written Communication					

Oral Communication

Continual Learning

**Leveraging Diversity** 

**Flexibility** 

Resilience

**Problem Solving** 

**Customer Service** 

**Team Building** 

**Decisiveness** 

**Mission Orientation** 

Influencing/Negotiating

**DoD Mission and Culture** 

**Public Service Motivation** 

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<sup>&</sup>lt;sup>1</sup> Applies the competencies in somewhat difficult situations; requires frequent guidance.

<sup>&</sup>lt;sup>2</sup> Applies the competencies in difficult situations; requires only occasional guidance.

<sup>&</sup>lt;sup>3</sup> Applies the competencies in exceptionally difficult situations; serves as a key resource and advises others.

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## **Supervisory Narrative** In 250 words or less, provide a narrative that cites your unique perspective on the nominee's proficiencies indicated above. **Supervisory and Leadership Endorsement** Based on my personal experience and discussions with this nominee, knowledge of his/her current/past performance, and review of his/her application package, this nominee is ready to participate in this program. Immediate Supervisor Title: Immediate Supervisor E-mail: Immediate Supervisor Phone: Immediate Supervisor Signature Date Second Level Supervisor Title:

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Date

Second Level Supervisor Signature

## <u>DEFENSE CIVILIAN EMERGING LEADER PROGRAM (DCELP) SUPERVISOR ASSESSMENT</u>

<b>Understanding of Program Requirements</b>				
☐ I have read and understand the DCELP program requirements and acknowledge some requirements may involve time during regular duty hours to complete. I have also spoken with my organizational/Component leadership to ensure they understand these requirements as well.				
Nominee Signature	Date			
Supervisor's Signature	Date			