

Job Shadowing (JSP) or Local Developmental Assignment Program (LDAP):

Phase II - Call for Opportunities

JSP or LDAP Opportunity (Job Title):
Pay Plan, Job Series, and Grade of Assignment:
Career Program/Field:
Directorate/Agency and Address of Position:
Proposed Dates of Assignment: (Indicate 1-2 Wks (JSP), 30-90 Days (LDAP), and Proposed Dates for the Opportunity) Note. <i>Selectee must be able to meet the identified Learning Objectives during this timeframe.</i>
Directorate/Agency and Address of Position:
Security Clearance Level: (Is a clearance truly required for to perform these duties?) If Yes, is it Critical/Non Sensitive, Secret, or Top Secret): or No security clearance required. - non-sensitive
Supervisor's Name, Title, Email, and Phone Number: (Supervisor who will directly supervise the participant during the JSP or LDAP Opportunity.) Note. <i>Will be responsible for providing Learning Objectives and end of assignment evaluation and feedback.</i>
Duties to Be Performed: (Describe the work to be performed and the level of expertise required; do not attach an official PD.) Note: <i>Must be specific and support the established Learning Objectives.</i>

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Learning Objectives of JSP or LDAP Based on Duties to be Performed: Note. *Incomplete or general Learning Objectives or duty functions will not be considered.*

Competencies Associated with Duties to be Performed [Based on Career Program/Field and Job Series/Duties Listed in Army Career Tracker (A.C.T.)]:

Specific Access to Web based or Other Computer Programs Required? (Please list)

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Any Other Special Requirements for the Duties to be Performed?

Supervisor Endorsement:

I validate that the information provided in this application is correct to the best of my knowledge. I support my employee's application and participation in the JSP/LDAP. I understand if selected, that during my employee's involvement in the JSP/LDAP, I will provide on-duty time to complete program requirements.

Supervisor Signature/Date: _____

Approved/Disapproved (explain any disapproved decisions):

Director/Activity Chief Signature/Date: _____

***Incomplete packets will be returned.**

**Size of above boxes can be expanded to include additional important information

***Forward this form to the Workforce Development Program Manager, Mr. Duane Soumis, duane.e.soumis.civ@mail.mil, WFD Program Manager, Fort Campbell, KY, 270-412-3104.