POLICY / PROCEDURE FOR COOPERATIVE EXTENSION PERSONNEL DESIRING TO BE NATIONAL/REGIONAL CANDIDATE FOR OFFICE OR NATIONAL/REGIONAL COMMITTEE TASK FORCE CHAIR FOR PROFESSIONAL ORGANIZATIONS

Prior to making application with any professional organization personnel must follow official procedures including completion and submission of this form.

Professional organizations will include but are not limited to: ANREP, ESP, NACAA, NAE4-HA, and NEAFCS.

This completed form must be submitted to the Associate Dean for Extension’s Office at least 6 weeks before candidate’s application is due to the national professional organization.

Candidates should be aware of the duties required by the position he/she is pursuing. Means for handling assigned work and official duties of the national officer should be carefully considered prior to making application. Upon completion of this form with all necessary signatures, applicant may proceed to apply for national candidacy in chosen office or task force.

This form must be completed each time employee seeks candidacy for any office or task force.

1. Candidate should discuss their plans with and receive the support of their immediate supervisor.

2. Candidate should have support of his/her state professional association and be approved by the board of directors of the state association. This approval will be indicated by the association president’s signature on this form.

3. State program leader for ANR, FACS or 4-H should be notified by the association of applicant’s intent to become a candidate. State program leader will provide input to the Associate Dean for Extension.

4. Candidate should seek and receive the support of their District Extension Director or Department Head.

5. The signature and approval of the Associate Dean for Extension will complete this form.
APPROVAL FORM FOR COOPERATIVE EXTENSION PERSONNEL DESIRING TO BE NATIONAL/REGIONAL CANDIDATE FOR OFFICE OR NATIONAL/REGIONAL COMMITTEE TASK FORCE CHAIR FOR PROFESSIONAL ORGANIZATIONS

Name: _______________________________________  Date:___________________________

Extension Position Held:  _________________________________________________________

County/Dept.:  ______________________________  District:  ______________________

Address:  ______________________________________________________________________

Phone:  _____________  Fax:  ________________  E-Mail:  _______________________

Name of Professional Organization:  _________________________________________________

Title of Office/Committee/Task Force:  _____________________________________________

Official duties of office/committee/task force:

Means of handling assigned Extension work with additional national office duties:

1.  ____________________________  __________________________
    Applicant Signature  Date

2.  ____________________________  __________________________
    CEC or Supervisor  Date

3.  ____________________________  __________________________
    State Professional Association President  Date

4.  ____________________________  __________________________
    District Extension Director or Department Head  Date

5.  ____________________________  __________________________
    State Program Leader  Date

6.  ____________________________  __________________________
    Associate Dean for Extension  Date

*Policy and Procedure form adopted and required beginning in 2006-07 election year.

Updated 9/30/2009