EEO Collateral Duty Counselor Nomination

Nominee Name:

Organization/Office Symbol:

Office Mailing Address:

Daytime Telephone and Fax Number:

Office e-mail address

Pay Plan, Series, Grade:

Job Title:

Please complete the following (attach additional pages as necessary):

***I would like to serve as an EEO collateral duty Counselor because*:**

***I have the following attributes, knowledge and abilities that I believe will make me an effective EEO counselor* (include your experiences dealing with people, resolving disputes, and oral and written presentation skills):**

I believe that EEO means:

_____
Nominee's signature/date

I understand the role and responsibilities of the EEO counselor and concur with this nomination:

_____	_____	_____
Typed/Printed Name of Supervisor	Supervisor signature	Date

RETURN TO EEO Office, Attn: Mrs. Olga Bryant, Director, Equal Employment Opportunity