

Appendix IV
INTENT TO APPLY FOR PROMOTION

Due with draft copy of promotion packet to District Extension Administrator/CEP Program Leader by January 1st:

Completed by County Extension Agent:

NAME: _____

COUNTY: _____ DISTRICT: _____

CURRENT LEVEL: _____

DATE OF APPOINTMENT TO CURRENT LEVEL: _____

YEARS IN LEVEL AS OF SEPTEMBER 10, OF CURRENT YEAR: _____

REQUESTING PROMOTION TO LEVEL: _____

NAMES OF LEVEL III or IV AGENTS (1-3 AGENTS) TO MENTOR CEA DURING CAREER LADDER PROCESS:

Completed by Supervisor:

CANDIDATE MEETS MINIMUM TIME IN LEVEL: _____ YES _____ NO

(attach documentation reflecting exception to time in level)

Supervisor certifies that the following documents are official documents that meet Career Ladder Guidelines.

ANNUAL ACHIEVEMENT REPORT: _____ YES

AGENT PROGRAM SUMMARIES-IN-DEPTH OR OUTREACH: _____ YES

The following signatures verify eligibility for consideration for promotion to the designated level.

AgriLife agents will be signed by DEA/CED and CEP agents signed by CEP Program Leader only.

County Extension Director: (Printed) _____

County Extension Director: (Signed) _____ Date: _____

District Extension Administrator: (Printed) _____

District Extension Administrator: (Signed) _____ Date: _____

CEP Program Leader: (Printed) _____

CEP Program Leader: (Signed) _____ Date: _____