

**USAG FORT HOOD
CIVILIAN LEADERSHIP DEVELOPMENT PROGRAM
NOMINATION FORM**

SECTION I - EMPLOYEE

1. EMPLOYEE FULL NAME:

(LAST NAME)

(FIRST NAME)

(MI)

2. WORK TELEPHONE:

3. LEADERSHIP:

FUTURE LEADER

TEAM LEADER

NEW SUPV

EST SUPV

4. DIRECTORATE:

5. FUND TYPE:

APPROPRIATED FUND

NONAPPROPRIATED FUND

6. PP - SERIES - GR:

7. POSITION TITLE:

8. E-MAIL:

9. SUPERVISOR (1ST LINE) FULL NAME:

10. WORK TELEPHONE:

11. SUPERVISOR (1ST LINE) SIGNATURE:

12. WORK TELEPHONE:

13. DIRECTOR'S TYPED FULL NAME:

14. WORK TELEPHONE:

15. DIRECTOR'S SIGNATURE

16. WORK TELEPHONE:

SEND APPROVED NOMINATIONS AND APPROVED IDP TO:
EMAIL: HOOD.DHR.WFD.CLDP@CONUS.ARMY.MIL / FAX: (254) 287-5543
HAND DELIVER TO: SOLDIER DEVELOPMENT CENTER, BLDG 33009, RM G224B

SECTION II - WFD USE ONLY

17. DATE RECEIVED:

18. DATE COUNSELED:

19. APPROVED IDP ATTACHED: YES NO

20. DATE ENTERED SUPV POSN:

21. CLDP SESSION: FY: QTR

22. REC'D NOTEBOOK: YES NO

23. DATABASE UPDATED:

24. COMMENTS: