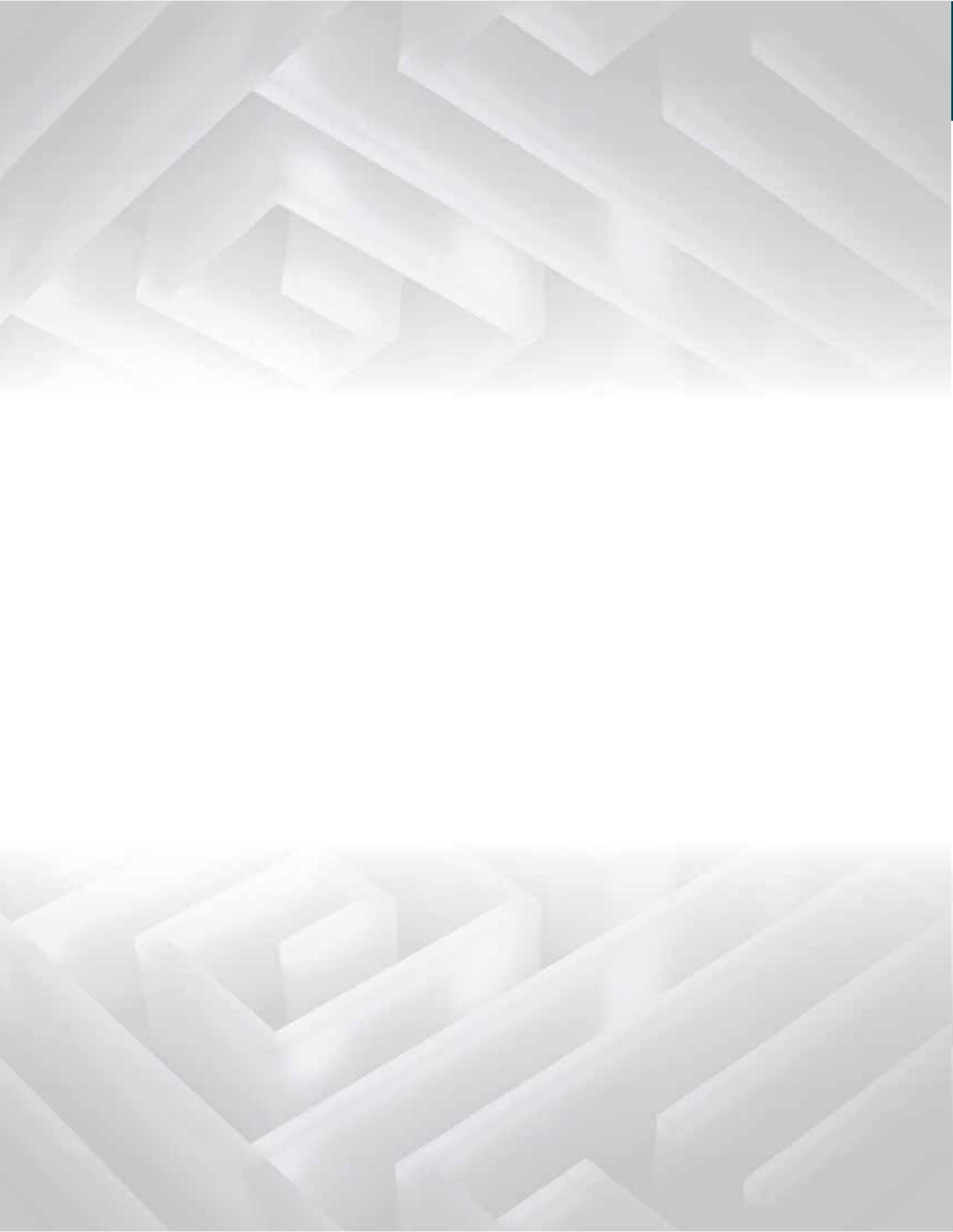




ANNEX N: FORMS



ANNEX N

Forms

- 1. CP 11 3-YEAR INDIVIDUAL DEVELOPMENT PLAN (3yIDP)**
- 2. CP 11 ACCREDITATION EVALUATION FORM (AEF)**
- 3. SUPERVISOR'S ACCREDITATION EVALUATION WORKSHEET (AEW)**
- 4. INTERN ROTATIONAL ASSIGNMENT WORKSHEET**
- 5. INTERN EVALUATION OF ROTATIONAL ASSIGNMENT**
- 6. ROTATIONAL ASSIGNMENT SUPERVISOR EVALUATION**

COMPTROLLER 3-YEAR INDIVIDUAL DEVELOPMENT PLAN (3yIDP)

10/24/00

PRIVACY ACT STATEMENT

Section 4103 of Title 5 to U.S. Code permits the collection of this information. Supervisors, careerists, and civilian personnel officials to plan and/or schedule training, education, and other career development activities use this information. If your activity uses the information on this form for purposes other than those indicated above, it will provide you with additional statements reflecting those purposes.

NAME (<i>First Name / MI / Last Name</i>)		POSITION TITLE		ID No.	
ACOM	SERIES & GRADE	RANK & FA	ORGANIZATION		
3yIDP PERIOD (<i>From--To</i>)	CURRENT ACCREDITATION LEVEL	OBJECTIVE ACCREDITATION LEVEL	E MAIL ADDRESS		
Comm Phone Number	DSN Phone Number	Comm FAX Number	DSN FAX Number		
DEVELOPMENTAL OBJECTIVES					
SHORT-TERM OBJECTIVES (YEAR 1) (NARRATIVE)			LONG-TERM OBJECTIVES (YEAR 2 & 3) (NARRATIVE)		
FORMAL EDUCATION					
YEAR	INSTITUTION (S)	COURSE TITLE (S)	COURSE DATES	ARE YOU PURSUING A DEGREE? <i>(Yes or No)</i>	DEGREE TYPE
YEAR 1					
YEAR 2					
YEAR 3					

NAME (<i>First Name / MI / Last Name</i>)		ID Number		
TRAINING				
There are three types or categories of training: (1) Mandatory Training; (2) Other --- Elective Training; and (3) Professional Development Programs. All training helps the Caregiver/Officer develop skills and abilities and gain knowledge in one of three competencies groups. The Competency Groups (CG) includes: Financial Stewardship (FS), Financial Decision Support (FDS) and Leadership and Organizational Management (LOM).				
(1) MANDATORY TRAINING				
YEAR	COURSE TITLE (S)	INSTITUTION (S)	CG	LENGTH
YEAR 1				
YEAR 2				
YEAR 3				
(2) OTHER --- ELECTIVE TRAINING				
YEAR	COURSE TITLE (S)	INSTITUTION (S)	CG	LENGTH
YEAR 1				
YEAR 2				
YEAR 3				
(3) PROFESSIONAL DEVELOPMENT PROGRAMS				
YEAR	COURSE TITLE (S)	INSTITUTION (S)	CG	LENGTH
YEAR 1				
YEAR 2				
YEAR 3				

COMPROLLER 3-YEAR INDIVIDUAL DEVELOPMENT PLAN (3yIDP)				
NAME (<i>First Name / MI / Last Name</i>)			ID Number	
PERFORMANCE ENHANCING JOB EXPERIENCES				
Competency Group (CG) includes: Financial Stewardship (FS), Financial Decision Support (FDS) and Leadership and Organizational Management (LOM)				
YEAR	DESCRIPTION OF ACTIVITY	ORGANIZATION (S)	ASSIGNMENT LENGTH	COMPETENCY GROUP
YEAR 1				
YEAR 2				
YEAR 3				
PROFESSIONAL CERTIFICATION				
YEAR	CERTIFICATION AWARDED	ORGANIZATION (S)	TARGET DATE	RENEWAL DATE
YEAR 1				
YEAR 2				
YEAR 3				
I certify that I have conducted a counseling session to identify the formal education, training, professional development, and performance enhancing job experiences that will support the goals outlined in the careerist's 3yIDP.		I certify that I have validated the information contained on this form and will support careerist's pursuit of the necessary training need.		
SUPERVISOR'S SIGNATURE		SUPERVISOR'S SIGNATURE		
TITLE				
DATE		TITLE	DATE	
CAREERIST'S SIGNATURE		DATE		

COMPTROLLER ACCREDITATION EVALUATION FORM (AEF)

07/21/09

PRIVACY ACT STATEMENT

Section 4103 of Title 5 to U.S. Code permits the collection of this information. Supervisors, careerists, and civilian personnel officials to plan will use this information and/or schedule training, education, and other accreditation related activities. If your activity uses the information on this form for purposes other than indicated above, they will provide you with additional statements reflecting those purposes.

CAREERIST'S INFORMATION

Name <i>First Name / MI / Last Name</i>				ID No.	
Grade/Pay Band	Series	Rank	Date of Last Promotion MM/YY	Yrs of Service	Position Title
Registered In ACCES	Sex	Office Phone (COMM)		Office Phone (DSN)	E-mail Address:
(Y or N)	(M or F)				
ACOM	Organization		Current Accreditation Level	Objective Accreditation Level	
Organization Address	INTERN INFORMATION Are You An Intern? (Y or N)	Were You An Intern? (Y or N)	If you were an Intern then where (Circle one) and identify? PMI -- ACOM -- HQDA -- LOCAL -- OTHER	Completed Internship in: Year	

FORMAL EDUCATION

(List formal education beyond high school)

From	To	COLLEGE/UNIVERSITY	LOCATION	ACADEMIC MAJOR	HOURS	DEGREE

TRAINING

There are three types or categories of training: (1) Mandatory Training; (2) Other --- Elective Training; and (3) Professional Development Programs. All training helps the Careerist/Officer develop skills and abilities and gain knowledge in one of three competencies groups. The Competency Groups (CG) includes: Financial Stewardship (FS), Financial Decision Support (FDS) and Leadership and Organizational Management (LOM).

(1) MANDATORY TRAINING

COURSE OR PROGRAM TITLE	CG	INSTITUTION	DURATION	CPE/CEU	COMPLETED MM/YY

(2) OTHER --- ELECTIVE TRAINING

COURSE OR PROGRAM TITLE	CG	INSTITUTION	DURATION	CPE/CEU	COMPLETED MM/YY

COMPTROLLER ACCREDITATION EVALUATION FORM (AEF)

NAME <i>First Name / MI / Last Name</i>	TITLE	ID No.
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(2) OTHER --- ELECTIVE TRAINING (Continued)

COURSE OR PROGRAM TITLE	CG	INSTITUTION	DURATION	CDR/CEU	COMPLETED MM/YY

(3) PROFESSIONAL DEVELOPMENT PROGRAMS

COURSE OR PROGRAM TITLE	CG	INSTITUTION	DURATION	CDR/CEU	COMPLETED MM/YY

PERFORMANCE ENHANCING JOB EXPERIENCE (S)

(Include length and type of job)

ORGANIZATION	POSITION TITLE	DESCRIPTION OF DUTIES	DATES (FROM/TO)

PROFESSIONAL CERTIFICATION

ORGANIZATION	CERTIFICATE GRANTED	DATE GRANTED	RENEWAL DATE

PREVIOUS POSITIONS HELD

SERIES/GRADE/RANK	DATES (FROM/TO)	POSITION TITLE	ORGANIZATION

SIGNATURE:	DATE:
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Supervisor's Accreditation Evaluation Worksheet

10/24/00

NAME		SUPERVISOR'S NAME	
<i>First Name / MI / Last Name</i>		<i>First Name / MI / Last Name</i>	
ID No.	TITLE		
DATE		DATE:	
<i>MM/DD/YY</i>		<i>MM/DD/YY</i>	
Competency Group (CG) includes: Financial Stewardship (FS), Financial Decision Support (FDS) and Leadership and Organizational Management (LOM)			

ACCREDITATION COMPONENT	ACCREDITATION LEVEL 1		ACCREDITATION LEVEL 2		ACCREDITATION LEVEL 3		ACCREDITATION LEVEL 4	
	Title or Type	Req- met Y/N						
Formal Education								
Mandatory								
• PPBES								
• FISCAL LAW								
• ANALYSIS								
Other – Electives								

Professional Development Programs																			
Performance Enhancing Job Experiences																			
Certification				N/A					N/A										

Req-net = Requirement Met, CG = Competency Group, (FS = Financial Stewardship, FDS = Financial Decision Support, LOM = Leadership & Organizational Management) AEW

INTERN ROTATIONAL ASSIGNMENT WORKSHEET

INTERN NAME:

LOCATION OF ROTATIONAL ASSIGNMENT:

DATES OF ASSIGNMENT: **TO**

OBJECTIVES OF ASSIGNMENT & ASSOCIATED CORE COMPETENCIES:

MAJOR DUTIES AND TASKS (LIST):

INTERN SUPERVISOR
SIGNATURE: _____ **DATE:** _____

ROTATIONAL ASSIGNMENT
SUPERVISOR SIGNATURE: _____ **DATE:** _____

INTERN SIGNATURE: _____ **DATE:** _____

INTERN EVALUATION OF ROTATIONAL ASSIGNMENT

Intern Programs are designed to provide new employees and employees newly assigned to specific professional career programs with academic training and work experience. During the two-year intern program, interns are given an opportunity to expand their knowledge of the Army mission and programs, refine abilities, and develop skills needed to enter a target position at the end of the program. A rotational assignment is a vital part of the intern's professional development. Rotational assignments must be carefully planned and implemented. This form is designed to help plan and evaluate rotational assignments for interns. Each intern must fill out this form upon the completion of each rotational assignment.

- 1. What were the major tasks, projects and responsibilities you were assigned or completed during this rotational assignment?**
- 2. Did you achieve the learning objectives identified in your Intern Rotational Assignment Worksheet? If not, why? What core competencies were addressed in this assignment?**
- 3. What were the starting and ending dates of this rotational assignment? Was the time sufficient to achieve the stated learning objectives?**
- 4. Were the supervision and on-the-job training adequate to achieve stated learning objectives? If not, why?**

5. What are your recommendations for improving this rotational assignment?

Other Comments:

INTERN SIGNATURE: _____ DATE: _____

ROTATIONAL ASSIGNMENT LOCATION: _____

ROTATIONAL ASSIGNMENT DATES: _____

ROTATIONAL ASSIGNMENT SUPERVISOR EVALUATION

During the two-year intern program, interns are given opportunities to expand their knowledge of the Army mission and programs, refine their abilities and develop skills needed to enter a target position at the end of the program. A rotational assignment is a vital part of the intern's professional development. Rotational assignments must be carefully planned and implemented.

This form is designed to evaluate and help plan rotational assignments for the interns. Every rotational assignment supervisor is requested to evaluate the intern's performance while in your organization.

Intern Name:

Rotational Assignment Dates:

- 1. Did the intern display highly developed interpersonal skills and a willingness to be a team player during this rotational assignment?**
- 2. Did he or she achieve the learning objectives identified in the Rotational Assignment Worksheet? If not, why?**
- 3. Did the intern display the ability to assist the office in its mission?**
- 4. What was your overall impression of the rotational assignment?**

Please comment on the following questions:

- 1. What are the intern's greatest strengths?**

- 2. How could the intern improve?**

- 3. What could have improved the rotational assignment?**

- 4. Based on this rotational assignment, would you host another intern?**

Other Comments:

ROTATIONAL ASSIGNMENT
SUPERVISOR SIGNATURE: _____ DATE: _____