



THE UNIVERSITY OF GEORGIA
COOPERATIVE EXTENSION
Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences

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. _____ Date _____
Applicant Signature
2. _____ Date _____
CEC or Supervisor
3. _____ Date _____
State Professional Association President
4. _____ Date _____
District Extension Director or Department Head
5. _____ Date _____
State Program Leader
6. _____ Date _____
Associate Dean for Extension