



**2024 Leadership Development Program**

For New York State Employees in the Professional, Scientific, and Technical Services (PS&T) Unit Grade 23 and above

**Application**

**Employee Information**

Print Name:		
Agency:	Agency/Facility Code:	
Facility (if applicable):	Employee ID Number: <b>N</b>	
Work Address:	Email address:	
Work Phone: ( )	Cell Phone: ( )	
Civil Service Job Title:		Grade Level:

**Narrative Questions – Instructions**

Responses provided by you and your agency in this application will be an important factor in the selection process. Please use separate sheets to answer these questions and put your name on each sheet. Even if you do attach a resume, you are still required to answer all questions completely. Answers should be double spaced and no more than two paragraphs (approximately 100 words) per question.

**Questions**

1. What are your current job responsibilities? *Briefly* include in this description typical, continuing responsibilities, not what you do occasionally.
2. What is the scope of your responsibility? *Briefly* describe your roles and responsibilities as a supervisor or manager. Include the size, scope, and mission of the units that report to you, and any committees or teams, voluntary or otherwise, that you lead or to which you belong. If applicable, describe how you or your work unit has an opportunity to influence strategic decisions or policies within or outside your agency.
3. What is your employment history? Provide information on your last two positions only, even if your last two positions were not in State government.
4. What are your primary reasons for applying to the Leadership Development Program (LDP)?
5. List or explain any educational programs you have attended in the last two years that support your leadership development skills.
6. If accepted into the LDP, how will you apply what you learn to your current job?

**Program Dates**

<b>Session One</b>	<b>Classroom</b>
Orientation (half-day)	August 20, 2024 (12:30–4:00 pm)
Training Part 1 (3 full days)	August 21–23, 2024 (8:30 am–4:30 pm)
Training Part 2 (4 full days)	September 23–26, 2024 (8:30 am–4:30 pm)
Communication Simulations	September 25, 2024 (Training Part 2–Day 3)
Follow-up and Graduation (half-day)	December 5, 2024 (12:30–4:00 pm)
<b>Session Two</b>	<b>Virtual</b>
Orientation	August 23, 2024 (10:00 am–12:00 pm)
Training Part 1 (6 half-days)	August 27–28, 2024 September 9–12, 2024 (9:00 am–12:30 pm)
Training Part 2 (7 half-days)	October 21–23, 2024 October 28–31, 2024 (9:00 am–12:30 pm)
Communication Simulations <i>Participants will be assigned to groups of five on one of the dates listed.</i>	November 4, 2024 November 6–8, 2024 (9:00 am–12:30 pm or 1:30–5:00 pm)
Follow-up and Graduation	January 23, 2025 (2:00–4:00 pm)

**Please check the session for which you are applying:**

Session One: Classroom \_\_\_\_\_ Session Two: Virtual \_\_\_\_\_

**Would you be willing/able to attend another session if your first choice is full?  
(Check Yes or No)**

Yes \_\_\_\_\_ No \_\_\_\_\_

Please Note: Applicants must complete and sign the application, obtain the required signatures, and submit to their training office in a PDF format.

Training offices are asked to review applications for completion and send to the LDP Selection Committee at [ljackson@albany.edu](mailto:ljackson@albany.edu) by the May 31, 2024, application deadline. Selections will be made no later than June 28, 2024. Participants and their respective agencies will be notified shortly thereafter.

**Applicant Signature**

The information I have provided in this application is true and accurate to the best of my knowledge. If accepted, I understand there are assignments and evaluation surveys that must be completed to graduate from this program. I also understand that attendance is mandatory.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisory Recommendation (Required)**

In the space provided, briefly explain why you recommend the applicant to participate in the LDP based on the following information and its relation to their leadership role. (Attach additional sheets if necessary.)

Current job responsibilities:	
Scope of responsibilities:	
Why is this person a good candidate for this program?	
Supervisor's Name (Please print):	
Title:	
Work Phone: ( )	Email address:
Signature:	Date:

**Agency Endorsement (Required)**

*The Agency Head or their designee must endorse this application.*

I support \_\_\_\_\_'s (print employee name) application to participate in the LDP. The employee will be released, without charge to leave accruals, to participate in all sessions of the program. The participant will be given reasonable time and any other support that the employer deems reasonable and necessary to ensure completion of the job-related project.

Print Name:	
Title:	
Work Phone: ( )	Email:
Address:	
Signature:	Date:

**PEF Representative Recommendation (Optional)**

This can be from your Executive Board representative, Statewide Labor-Management Representative, Council leader or any other local leader or steward.

Name of PEF Representative: \_\_\_\_\_

Position Held by PEF Representative: \_\_\_\_\_

Briefly explain why you recommend the applicant to participate in the LDP based on their union involvement in relation to their leadership role: (Attach additional pages if necessary.)

For additional information, please contact OER Leadership Development Program Manager, Deborah Seeley, at [deborah.seeley@oer.ny.gov](mailto:deborah.seeley@oer.ny.gov) or (518) 474-6772, or contact PEF Education and Training Specialist, Kim Loccisano, at [kloccisano@pef.org](mailto:kloccisano@pef.org) or (518) 785-1900.

*It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.*

*Reasonable accommodations are available, upon request, in all aspects of state training, consistent with the Americans with Disabilities Act and the New York State Human Rights Law, to ensure that every individual is able to gain maximum benefit from the training experience.*