

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

ROTATIONAL ASSIGNMENTS PROGRAM FOR CIVILIANS (RAP-C) APPLICATION

Privacy Act Statement

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 6 U.S.C § 414; 14 U.S.C. § 505

PURPOSE: The USCG is requesting this information in order to identify and cultivate the best experiences for program participants.

ROUTINE USES: The USCG will use this information to help its offices facilitate opportunities for civilian personnel to expand competencies through exposure to other offices throughout the USCG, as well as build leadership skills and professional experience in different areas of interest. Any external disclosures of information within this record will be made in accordance with DHS/AII-003, Department of Homeland Security General Training Records, 73 Federal Register 71656 (November 25, 2008).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. However, failure to provide this information may delay a final decision or result in denial of the request. Individuals who do not provide this information may contact the Civilian Career Management Office directly by sending an email to D05-SMB-FORCECOM-CCM@uscg.mil.

Employee interested in Rotational Assignment completes this form, which is forwarded to the host office for consideration. Participation in the program is for developmental and training purposes and as with any other opportunity, does not in any way obligate management to provide promotional opportunities for the individual.

EMPLOYEE INFORMATION

| | | | |
|---------------------------------|--------|-------------------|-------------------|
| Employee Name (First MI. Last): | | | |
| Company: | | Department: | |
| | | OPFAC: | |
| Duty Title & Grade: | | | |
| Phone: | Email: | | Clearance Level: |
| Supervisor: | | Supervisor Email: | Supervisor Phone: |

Are you requesting a Rotational Assignment as a participant in one of the following? *(Check all that apply)*

| | | |
|-----------------------------------|---------------------------------------|---------------------------|
| DHS Fellows Program | Presidential Management Fellows (PMF) | SES Candidate Development |
| Individual Development Plan (IDP) | Other: | |

REQUESTED ROTATIONAL ASSIGNMENT

Are you applying for a rotational assignment posted on Open Opportunities? YES NO

If **yes**, indicate the Rotational Assignment Identification Number for the opportunity for which you are applying:

If **no**, but have established one through a professional connection, please provide the following information.
Note: All USCG employees participating in a Rotational Assignment are required to complete the RAP-C Application Form and receive approval from USCG FORCECOM Civilian Career Management office prior to the start of any Rotational Assignment.

| | | | | | |
|--|-------|-------------------|-----|----------|--|
| Company: | | Department: | | OPFAC | |
| Rotation Duty Title: | | | | | |
| Rotation Type: <i>(Check all that apply)</i> | | | | | |
| Full-time | | Part-time | | Virtual | |
| Shadow | | Performing Duties | | Job Swap | |
| In-Person | | Other: | | | |
| Proposed Dates: | From: | | To: | | |
| Host/Receiving Office Supervisor: | | | | | |
| Phone: | | Email: | | | |
| Rotational Assignment Performance Expectations/Responsibilities: | | | | | |

LEADERSHIP DEVELOPMENT

If you are applying for a Rotational Assignment as part of DHS Fellow, PMF Program, or SES Candidate Development, please complete the Executive Core Qualifications section below. If you are applying for a Rotational Assignment as part of an IDP or Other program, please complete the USCG Leadership Competencies section below. **You do NOT need to complete both sections**

EXECUTIVE CORE QUALIFICATIONS (ECQ)

Using OPM ECQs, please describe the individual development goals you hope to obtain through the RA in one or more ECQ. (OPM ECQs definitions are available at: <https://www.opm.gov/policy-data-oversight/senior-executive-service/executive-core-qualifications/>)

| Leading the Coast Guard | Leading Change | Leading Self | Leading Others |
|-------------------------|----------------|--------------|----------------|
| | | | |

USCG LEADERSHIP COMPETENCIES

Using USCG Leadership Competencies, please describe the individual development goals you hope to obtain through the RA in one or more category. (USCG Leadership Competency definitions are available at:

<https://www.dcms.uscg.mil/Portals/10/CG-1/leadership/docs/pdf/competencies1.pdf?ver=2017-03-22-114340-870>)

| Leading the Coast Guard | Leading Change | Leading Self | Leading Others |
|-------------------------|----------------|--------------|----------------|
| | | | |

| | | |
|--|-------------------|-------|
| Are you telework eligible? | YES | NO |
| Do you have the resources necessary to complete telework? (i.e., USCG issued workstation, CAC reader, network connection, etc.) | YES | NO |
| Are you submitting an accompanying resume with your application? | YES | NO |
| If no , please describe your work experience that qualifies you for participation in the rotational assignment: | | |
| Applicant Signature | Print Name: | Date |
| Title: | Email: | |
| Employee submit this form to Office of Record (Home Office) management for approval. | | |
| OFFICE OF RECORD (HOME OFFICE) MANAGEMENT APPROVAL | | |
| As the Office of Record Managing Official, you are certifying/acknowledging that: | | |
| <ul style="list-style-type: none"> • The Office of Record will continue to pay the employee's salary during the RA. • The Office of Record will continue to certify WebTA and all leave requests. • The Office of Record is responsible for funding participants' training that is associated with the permanent position, if it occurs during the rotational assignment period. The Office of Record is encouraged to avoid such training during the rotational assignment, if possible. • The Office of Record cannot fill behind the employee except by temporary rotation/detail assignment. | | |
| The Office of Record will solicit feedback from host supervisor on employee performance for inclusion and appropriate consideration in the annual rating after the RA ends. | | |
| Please have your appropriate Office of Record Management approve your request for a Rotational Assignment. | | |
| Supervisor of Record Signature: | Print Name: | Date |
| Title: | Email: | |
| Home Office Management submit this form to D05-SMB-FORCECOM-CCM@uscg.mil who will then coordinate with Host (Receiving) Office. | | |
| HOST OFFICE (RECEIVING OFFICE) MANAGEMENT APPROVAL | | |
| As the Host Office Approving Official, you are certifying/acknowledging that: | | |
| <ul style="list-style-type: none"> • The participant will be actively engaged in performing the duties of the rotational assignment as indicated in the RAP-C Statement of Performance Expectations. • The participant will receive ongoing feedback during the rotational assignment from the Rotational Assignment Supervisor, with a performance discussion occurring at the mid-point. • Vacation and sick leave during training periods are not considered part of the rotation assignment. • The Host Office Supervisor will ensure the applicant has the applicable security clearance to participate in the RA prior to onboarding. • In some cases, the participant is expected to travel temporarily as part of his/her rotational duties. If that occurs the host office will pay for the travel and per diem associated with the temporary duty. • The Host Office will identify and provide a physical workspace for non-virtual rotational assignments • The Host Office Supervisor will ensure that reasonable accommodations for office workspace and equipment are available for the participant on an as needed basis. • The Host Office Supervisor provide performance feedback to the candidate and Supervisor of Record within 15 days after the RA ends. • The Host Office Supervisor will provide feedback to the CCM office on the productivity and benefit of the assignment after the employee returns to the home office within 15 days after the RA ends. | | |
| Host Supervisor Signature: | Print Name: | Date: |
| Title: | Email: | |
| Host (Receiving) Office Management submit this form to D05-SMB-FORCECOM-CCM@uscg.mil who will then coordinate with Office of Record (Home Office) Supervisor and Employee, if selected. | | |
| CCM OFFICE USE ONLY | ID NUMBER: | |