



**Application for
JOB SHADOWING PROGRAM
Southern Plains Area
Advisory Council for Office Professionals**

Name: _____

Location (City, State): _____

Email Address: _____

Supervisor: _____

What areas of training are you interested in?

AIMS / Agreements

ARIS

Correspondence

IAS

PCMS

Purchasing

Performance Appraisals and Performance Standards

Personnel

RPES

STAR (Time and Attendance)

Travel

Other _____

How many days do you feel you would need for training? _____

Have you listed this training request or training needs on your IDP?

Yes

No

I have not compiled my IDP

Is there a certain date or time of year that would work best?

If so, please list: _____

Is there someone you would prefer to work with or a specific ARS location where you would want to train?

If so, please comment: