

U.S. ENVIRONMENTAL PROTECTION AGENCY  
**AGENCY FELLOWSHIP CERTIFICATION**

Form Approved  
 OMB No.2030-0020

**INSTRUCTIONS**

This form is used only by those applicants who are either present or prospective employees of a regional, State or local environmental pollution control or regulatory agency (*see Item 1 of EPA Form 5770-2, Instructions for Fellowship Application.*) Complete the first two items and submit form to your supervisor for completion (if you are presently employed by a regulatory agency defined in Item 1 of EPA Form 5770-2), or to the individual with whom you have discussed future employment upon completion of proposed training. The supervisor (or other appropriate individual) should be requested to forward the completed form in the enclosed self-addressed envelope. Applicant must affix necessary postage.

APPLICANT'S NAME	ADDRESS
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SECTION A: COMPLETE THIS SECTION IF APPLICANT IS A CURRENT EMPLOYEE	YES	NO
1. APPLICANT IS A PERMANENT EMPLOYEE OF THIS AGENCY: IF YES, FULL OR PART TIME _____ IF NO, STATE EMPLOYEE STATUS _____		
2. DOES THE AGENCY HAVE AUTHORITY TO GRANT ADMINISTRATIVE LEAVE FOR TRAINING?		
3. WILL YOU GRANT ADMINISTRATIVE LEAVE FOR THIS EMPLOYEE?		
4. WILL YOU PROVIDE ANY FINANCIAL ASSISTANCE TO EMPLOYEE WHILE IN TRAINING? IF YES, IDENTIFY TYPE AND AMOUNT OF ASSISTANCE _____		
5. HAS EMPLOYEE ENTERED INTO A FORMAL AGREEMENT TO RETURN TO THIS AGENCY UPON COMPLETION OF TRAINING?		
6. EMPLOYEE'S SALARY IS: \$ _____		
7. WHAT POSITION DO YOU PROJECT FOR THIS EMPLOYEE UPON COMPLETION OF TRAINING?		
8. IS THE TRAINING PROPOSED BY THE APPLICANT DIRECTLY RELATED TO THE WORK APPLICANT DOES OR WILL DO FOR THE AGENCY?		

SECTION B - COMPLETE THIS SECTION IF APPLICANT IS A POTENTIAL EMPLOYEE		
SUBJECT TO FUNDING AND POSITION AVAILABILITY, UPON COMPLETION OF TRAINING WE WOULD CONSIDER THIS INDIVIDUAL FOR EMPLOYMENT: IF YES, INDICATE POTENTIAL POSITION:		

WE RECOMMEND THAT THE FELLOWSHIP BE AWARDED.		
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REMARKS
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SIGNATURE OF AGENCY DIRECTOR OR DESIGNEE	DATE
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NAME OF REGIONAL, STATE OR LOCAL ENVIRONMENTAL POLLUTION CONTROL OR REGULATING AGENCY
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ADDRESS	TELEPHONE (Include Area Code)
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### **Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 30 minutes per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.