



U.S. ENVIRONMENTAL PROTECTION AGENCY
AGENCY FELLOWSHIP CERTIFICATION

OMB Control No. 2030-0020
Approval expires MM/DD/YYYY

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| <p>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 (<i>see Item 1 of EPA Form 5770-2, Instructions for Fellowship Application.</i>) 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.</p> | | | |
| APPLICANT'S NAME | ADDRESS | | |
| 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 _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DOES THE AGENCY HAVE AUTHORITY TO GRANT ADMINISTRATIVE LEAVE FOR TRAINING? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. WILL YOU GRANT ADMINISTRATIVE LEAVE FOR THIS EMPLOYEE? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. WILL YOU PROVIDE ANY FINANCIAL ASSISTANCE TO EMPLOYEE WHILE IN TRAINING? IF YES, IDENTIFY TYPE AND AMOUNT OF ASSISTANCE _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. HAS EMPLOYEE ENTERED INTO A FORMAL AGREEMENT TO RETURN TO THIS AGENCY UPON COMPLETION OF TRAINING? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: | | <input type="checkbox"/> | <input type="checkbox"/> |
| WE RECOMMEND THAT THE FELLOWSHIP BE AWARDED. | | <input type="checkbox"/> | <input type="checkbox"/> |
| REMARKS | | | |
| SIGNATURE OF AGENCY DIRECTOR OR DESIGNEE | | DATE | |
| NAME OF REGIONAL, STATE OR LOCAL ENVIRONMENTAL POLLUTION CONTROL OR REGULATING AGENCY | | | |
| ADDRESS | | TELEPHONE (Include Area Code) | |