

NLP PACKAGE CHECKLIST

Name :

Course :

Command :

HRDSA :

- Copy of completed application
- Supervisor Endorsement Letter Min of 250 words
- Current version of resume
- Personal statement of employee Min of 250 words
- Completed SF-182
- Signed PG-7 of CMCLC Guidance

Date Submitted:



New Leader Program Application

Please indicate the program in which you are applying, example 2022-1, 2022-2, etc. (for session schedule, please click here :

Application is for NLP:

PART A: Applicant Information	
Name	
Position Series, Grade and Title	
Organization	
Email Address	
Home Address	
Work Address	
Work Phone	
Work Fax	
Home Phone	
Educational Level	
Total Government Employment (years)	
Total Other Employment (years)	
Are you a former participant in the Aspiring Leader Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART B: Applicant's Immediate Supervisor	
Name	
Position Series, Grade and Title	
Email Address	
Work Address	
Work Phone	

Applicant's Name:

PART C: Program Coordinator

Name	
Position Series, Grade and Title	
Email Address	
Work Address	
Work Phone	

PART D: Purpose for Applying

To Be Completed by the Applicant: Please state your purpose for applying and how your participation in the New Leader Program will support your career goals.

Applicant's Signature

PART E: Evaluation of Performance

To Be Completed by the Applicant's Supervisor: Please summarize the applicant's current performance.

Supervisor's Signature

Applicant's Name:

PART F: Payment Method Information

Tuition **\$3,379** (tuition does not include travel, meals or lodging)

We must receive payment or payment information with this application to process the registration. Select one:

Credit Card: American Express VISA MasterCard Government Purchase Card

<input type="text"/>	<input type="text"/>	\$
Account Number	Expiration Date	Amount

<input type="text"/>	<input type="text"/>
Card Holder's Name	Card Holder's Signature

<input type="text"/>
Billing Address associated with the Credit Card

For the purpose of sending a receipt, please provide the following:

<input type="text"/>	<input type="text"/>
Card Holder's Email Address	Card Holder's Phone Number

Check or Money Order: Attach and make payable to Graduate School USA

Agency Purchase Order: Attach the Purchase Order to this application. A completed and signed government training authorization form (e.g., SF-182) can be submitted in lieu of a purchase order.

Participants needing Special Accommodation Services are required to go to the Graduate School USA website and complete the Participants Request for Special Accommodation Services form. The form must be submitted with the application.

You may email the complete application package to:
MCBBUTLERCHROTraining@usmc.mil

Applicant's Name:

**MARINE CORPS GUIDANCE FOR PARTICIPANTS ENROLLED IN
CENTRALLY MANAGED CIVILIAN LEADERSHIP COURSES**

1. INTRODUCTION

The following guidance applies to leadership programs centrally funded by the Lejeune Leadership Institute, Civilian Leadership Development Branch, Marine Corps University. Program participants are expected to adhere to this guidance. Failure to do so may be cause for dismissal from the program and result in the repayment of funds that have been used for the participant's training and/or travel related to the program.

This guidance is based on the Joint Travel Regulations (JTR), Part J, Temporary Duty Travel, and was developed to assist you in your planning. Please note that in their literature and other communications, the Graduate School USA and other training sources may have different guidelines and recommendations; those do not supersede Marine Corps guidance.

Participants shall work through and communicate any questions/issues to their Command's Human Resources Development Strategic Advisor (HRDSA) who will communicate with the Centrally Managed Civilian Leadership Course (CMCLC) Program Coordinator at USMC, LLI when necessary.

2. INDIVIDUAL COMMITMENT

The leadership programs may require participants to attend several lengthy class sessions, complete course work, interviews developmental, shadowing and rotational assignments away from their permanent duty station. USMC, LLI funds the tuition for program participation. Tuition will be forfeited by the Marine Corps if the participant drops out of the program due to command responsibilities. Once accepted into a program, every effort should be made to ensure participants attend all class training sessions and complete coursework curriculum requirements and deliverables. In the event that a participant cannot attend a session, complete an assignment or complete the program for which he/she was selected, HRDSAs shall notify the LLI CMCLC Program Coordinator, at 703-784-2788, as soon as possible.

3. DOCUMENTATION REQUIREMENTS

a. Command Endorsement. All applications submitted to the CMCLC Program Coordinator for consideration to a program must include a Command Endorsement as part of the nomination package. HRDSAs are responsible for making sure that packages have a signed Command Endorsement letter that identifies by name the person that is applying to the program. This ensures that the Command is aware of and in support of the individual's request to participate in a CMCLC program.

b. Standard Form 182 (SF-182). Authorization, Agreement and Certification of Training. To apply for a program, all applications must include a signed and dated SF182 as part of the application package. Section A (Trainee Information), Section B (Training Course Data), Section C (Costs and Billing Information), Section D (Approvals), and Section E (Approvals / Concurrences) should be completed.

c. Continued Service Agreement (CSA). Participants must sign and date the CSA (Pages 4-5) that is contained in the SF-182, Authorization, Agreement and Certification of Training. The obligation to stay in service is three times the length of time spent in formal training. A signed copy of the CSA must be forwarded with the SF182 when the participant applies for a program. Applications will not be accepted without the completed, signed and dated CSA as part of the SF-182.

d. Page 7 (Marine Corps Guidance For Participants Enrolled In CMCLC). A participant, his/her supervisor and the participant's HRDSA must sign Page 7 and submit it as part of the application package.

- (1) The participant's signature acknowledges that he/she has read the information included in the guidance and agrees to abide by that guidance. Signature also acknowledges that if a participant is dismissed from a program, this dismissal may require the participant to repay tuition and/or travel costs associated with previous participation in a program.
- (2) The First Line Supervisor's signature acknowledges support for the individual in the program and agrees to allow the participant time to complete course work and travel as required to participate.

- (3) The Command HRDSA's signature acknowledges receipt and submission of the completed package submitted for the program.

4. DEVELOPMENTAL ASSIGNMENTS

- a. Developmental Assignments will be approved by the First Line Supervisor, Developmental Assignment Supervisor, and CMCLC Program Coordinator PRIOR to commencement of the developmental assignment. Developmental Assignments will be discussed in specific program class sessions and participant handbook. Additional documentation will be provided by the instructor; however participants must still follow and adhere to Marine Corps guidance for all developmental assignments.

- b. To maximize the USMC's investment in the programs, participants shall explore developmental assignment options and opportunities with other organizations located within their commuting area. This includes other federal, state, local agencies or private organizations. Participants who need assistance in locating suitable developmental opportunities should contact their HRDSA for suggestions or recommendations.

5. ROTATIONAL, EXECUTIVE INTERVIEWS, AND SHADOWING ASSIGNMENTS

- a. Some programs require rotational and shadowing assignments conducted away from the participant's position of record, preferably in an organization or career field unfamiliar to the participant. The purpose of the assignment is to provide breadth of work experience and other opportunities to develop leadership competencies.

- b. These assignments shall be done within the participant's commuting area. This is especially true of communities with a large Federal presence. Assignments outside of the individual's commuting area will be considered by LLI but LLI does not have funds to support the assignment if it is outside or within the commuting area. All developmental assignments shall be approved by the participant's First Line Supervisor, Host Supervisor and CMCLC Program Coordinator in advance of beginning the assignment.

- c. Please note that when an assignment outside of the commuting area exceeds 30-days, it is considered a Long Term TDY Training Assignment under the JTR reducing the per diem rate to 55 percent. Per Diem for training assignments of more than 30 consecutive calendar days apply from the day following the

arrival day at the training location through the day prior to the departure day. The only Long Term assignments are for participation in long term courses such as the Congressional Fellowship, Dwight D. Eisenhower School, and portions of Defense Senior Leadership Development Program.

6. TRAVEL

a. TRAVEL AUTHORIZATIONS

(1) Travel Authorizations will be initiated at the participant's command using the Defense Travel System (DTS) and will utilize the LLI Line of Accounting (LOA) or DTS Label. Normal DTS rules and regulations apply.

(2) LLI will fund reimbursable travel expenses in accordance with the JTR for each class session associated with the centrally managed program in which a participant is enrolled.

(3) ACTION REQUIRED

(a) Participants will use a Travel Cost Estimate Worksheet provided by the CMCLC Program Coordinator to initiate travel authorization. This worksheet will be sent to the program participants prior to the date that program travel commences. Failure to complete and submit the worksheet within the suspense time frame may prevent a participant from traveling under LLI funding.

(b) After completing the Travel Cost Estimate Worksheet, the participant will forward it to the LLI CMCLC Program Coordinator for review and approval authorization.

(c) Once LLI has reviewed and approved the form, the CMCLC Program Coordinator will send the travel authorization with approval to use LLI's accounting data/DTS label. At this point, the travel authorization can be initiated by the participant and routed in accordance with local procedures.

(4) Absolutely no approval action will be taken by the program participant or the DTS Approving Official until an authorization is received from a staff member of LLI to go ahead with the approval process for that particular trip.

(5) This process will be repeated for each and every travel requirement for the duration of the participant's training program. Under no circumstances are Travel Authorizations to be approved based on any previous travel approvals. Already having access to LLI's accounting data **DOES NOT** automatically authorize anyone to approve orders without prior authorization for that specific travel from the CMCLC Program Coordinator. Failure to comply with this guidance shall be cause for dismissal from the training program.

(6) **TRAVEL RELATED EXPENSES**

(a) When attending approved training classes outside of the commuting area of the permanent duty station, travel by taxi, shuttle, train or bus is authorized during class attendance to and from the airport/bus terminal/train station. If required to complete the mission of the class, rental cars may only be authorized by LLI **BEFORE EACH travel** to training each time the training is scheduled to commence. This is on a case-by-case basis and generally involves extenuating circumstances.

(b) Rentals or purchase of laptops, recorders, projectors or any other equipment for travel or training purposes are not authorized. If a participant brings a laptop from his/her permanent duty station, internet connectivity fees at hotels are the responsibility of the participant, unless it is in direct support of school requirements for training exercises. Documentation from the training course manager must be attached to the travel voucher substantiating any requirement for computers.

(c) **"Actual Expenses"** are not authorized for a hotel or any other expenses that are not within the per diem rate, except under extraordinary and pre-approved circumstances expressly authorized by LLI.

b. **GOVERNMENT TRAVEL CHARGE CARD (GTCC)**. Participants must have a Government Travel Charge Card. See your local Government Travel Charge Card Agency Program Coordinator for questions or issues regarding the charge card. The participant is responsible for making sure that the GTCC is activated for usage prior to travel.

c. **TRAVEL LIQUIDATION**. Following completion of the training, the participant shall file a travel voucher in DTS within **five working days** for expenses incurred during training. Receipts for

lodging, transportation, etc., should be included as substantiating documents. Meal receipts should not be included because they are part of your per diem allowances.

d. **LEAVE IN CONJUNCTION.** If applicable, participants must indicate on their Travel Cost Estimate Worksheet and their Travel Authorization their intention to take APPROVED leave either before or after in conjunction with TAD. Any leave during TAD is at the traveler's cost and not LLI.

e. **ADDITIONAL TRAVEL IN SUPPORT OF TRAINING.** Additional travel for meetings established by cohort group assignments will not be approved. Meetings for group assignments are expected to be conducted by telephone or through other means not requiring travel. If interviews with senior leaders are required by the program, they will be accomplished within the duty station commuting area and should not require other than local travel. If it is not possible to arrange for interviews locally, the participant should consider doing them in conjunction with another approved travel, rotation, or shadowing assignment. If the participant does not/cannot arrange for interviews, rotation or shadowing assignments locally, the participant and/or the participant's Command will be responsible for any expenses incurred. LLI does not have funds to support any of these program requirements.

I _____ (PRINTED NAME)

have read and understand the Marine Corps Guidance for participants enrolled in Centrally Managed Civilian Leadership Courses Programs. I agree to abide by these guidelines and I understand that any violation of these guidelines is cause for dismissal from the program in which I am a participant. Dismissal from the program may require me to repay or reimburse part or all of tuition, travel and/or per diem expenses spent by LLI for my participation in the program's training.

Participant's Signature:

_____ Date: _____

First Line Supervisor:

I fully support the nominee's participation in this leadership development opportunity and agree to allow the individual the necessary time required to complete the course work and travel for successful participation.

Printed Name _____ Date: _____

Signature: _____

Participant's Command HRDSA:

Printed Name _____ Date: _____

Signature: _____

Authorization, Agreement, and Certification of Training	A. Agency code, agency sub-element and submitting office number	B. Request Status
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Section A – Trainee Information

1. Applicant's Name (<i>Last, First, Middle Initial</i>)		2. Social Security Number (###-##-####) (Agency Use Only)		3. Date of Birth (<i>Enter Date as yyyy-mm-dd</i>) (Agency Use Only)	
4. Home Address (Optional) (<i>Number, Street, City, State, ZIP Code</i>)		5. Home Telephone (Optional) (<i>Include Area Code</i>)		6. Position Level (<i>See page 4 for additional instructions</i>)	
7. Organization Mailing Address (<i>Branch-Division/Office/Bureau/Agency</i>)		8. Office Telephone (<i>Include Area Code and Extension</i>)		9. Work Email Address	
10. Position Title		11. Does applicant need special accommodation?		If yes, please describe the requirements below	
12. Type of Appointment	13. Education Level (<i>See page 4 for additional instructions</i>)	14. Pay Plan	15. Series	16. Grade	17. Step

Section B – Training Course Data

1a. Name and Mailing Address of Training Vendor (<i>No., Street, City, State, ZIP Code</i>)		1.b Location of Training Site (<i>if different form 1a</i>)							
1c. Vendor Telephone Number	1d. Vendor Email Address		1e. Vendor website		1f. Vendor Point-of-Contact (<i>POC</i>)				
2a. Course Title	2b. Course Number Code	3. Training Start Date (<i>Enter Date as yyyy-mm-dd</i>)		4. Training End Date (<i>Enter Date as yyyy-mm-dd</i>)					
5. Training Duty Hours	6. Training Non-Duty Hours		7. Training Purpose Type (<i>See page 6 for additional instructions</i>)		8. Training Type Code (<i>See page 6 for additional instructions</i>)				
9. Training Sub Type Code (<i>See page 6 for additional instructions</i>)	10. Training Delivery Type Code (<i>See page 8 for additional instructions</i>)		11. Training Designation Type Code		12. Training Credit				
14. Training Accreditation Indicator		15. Continued Service Agreement Required Indicator (Agency Use Only) (<i>See page 8 for additional instructions</i>)		16. Continued Service Agreement Expiration Date (<i>Enter date as yyyy-mm-dd</i>)		17. Training Source Type Code (<i>See page 8 for additional instructions</i>)		18. Individual or Group Training	19. Student/ Membership ID
20. Skill Learning Objective					21. Agency Use Only (<i>For use by agency as needed</i>)				

Section C – Costs and Billing Information

1. Direct Costs and Appropriation/Fund Chargeable			2. Indirect Costs and Appropriation/Fund Chargeable		
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund
a. Tuition and Fees	\$		a. Travel	\$	
b. Books & Material Costs	\$		b. Per Diem	\$	
c. Total	\$		c. Total	\$	
3. Total Training Non-Government Contribution Cost			6. Billing Instructions (<i>Furnish invoice to</i>)		
4. Document/Purchasing Order/Requisition Number					
5. 8-Digit Station Symbol (<i>Example: 12-34-5678</i>)					

Section D – Approvals

Complete the appropriate number of approvals your agency requires (e.g. first, second, and/or third level approval) before submission of this form to the Agency Training Office.

1a. Immediate Supervisor/First-line Supervisor (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date (*Enter Date as yyyy-mm-dd*)

2a. Second-line Supervisor (*Name and Title*)

2b. Telephone Number (*Include Area Code and Extension*)

2c. Email Address

2d. Signature

2e. Date (*Enter Date as yyyy-mm-dd*)

3a Training Officer (*Name and Title*)

3b. Telephone Number (*Include Area Code and Extension*)

3c. Email Address

3d. Signature

3e. Date (*Enter Date as yyyy-mm-dd*)

Section E – Approvals/Concurrence

To be completed by the nominating Agency Official authorized to approve or disapprove training requests.

1a. Authorizing Official (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date

Section F – Certification of Training Completion and Evaluation*

1a. Authorizing Official (*Name and Title*)

1b. Telephone Number (*Include Area Code and Extension*)

1c. Email Address

1d. Signature

1e. Date

Training Facility: Bills should be sent to office indicated in item C6. Please refer to number given in item C4 to assure prompt payment.

* Agency Certifying Officials are certifying the employee has completed the requirements for the training and an evaluation has been completed. The requirement to evaluate training is found in 5 CFR 410.202. The agency head shall evaluate training to determine how well it meets short and long-range program needs of the agency and the individual. The needs should be aligned with the strategic plan to strengthen and develop the performance and behavior of the individual whose positive results will impact the performance of the agency.