

NOMINATION FORM

NAME: _____

TITLE: _____

CONSIDER ABOVE APPLICANT FOR THE POSITION(S) BELOW: If you would like to be considered for more than one Special Emphasis Program Manager (SEPM) vacancy, please indicate your preference beside each position (1st, 2nd, 3rd, 4th, 5th).

- Disability/Veteran's SEPM
- Black SEPM
- Gay/Lesbian/Bisexual/Transgender SEPM
- Alaska Native/Indian American SEPM
- Federal Womens' SEPM

WORK ADDRESS: _____

WORK PHONE: _____ **FAX:** _____

Work Experience: Brief description (include any specific accomplishments in the civil rights arena).

Comments: Include reason you would like to serve on the Kansas Civil Rights Advisory Committee. What contributions do you feel you could make?

Statement of Concurrence:

Signature of Supervisor Date

Signature of Management Team Member Date