DEPARTMENT OF HOMELAND SECURITY

# JOINT DUTY PROGRAM (JDP) ASSIGNMENT APPLICATION

| Applicant's Name: | | |
|---|---|---|
| | | |
| Current Title: | | Series & Grade: |
| | | |
| Employing Organization: | | Email: |
| | | |
| Assignment Title: | Assignment Announcement Number: | Joint Duty Assignment Organization: |
| | | |
| Security Clearance: | If yes, what level of security clearance? | |
| YES: ☐ NO: ☐ | | |

**Applicant's Acknowledgment:**

As the Applicant, you are acknowledging that you are requested to:

1. Complete the DHS JDP training course fifteen (15) days prior to the arrival to the Joint Duty Assignment (JDA).
2. Complete the DHS JDP Three-Phase Assignment Progress Plan to include:
   a. Phase 1: Establish assignment objectives within the first 30 days of the JDA.
   b. Phase 2: Complete a self-assessment of the duties performed and evaluate how the duties align with the assignment objectives at the mid-point of the JDA.
   c. Phase 3: Complete the final review to close out the JDP Three-Phase Assignment Progress Plan within the final 30 days of the JDA.
3. Complete twelve (12) Hours of Professional Development using SkillSoft courses, videos, and books in conjunction with the assignment objectives that are established for the JDA.
4. Attend each of the Director's Quarterly Webinars (1 hour per quarter) over the duration of the JDA.

**Applicant Signature:**

**Employing Organization Supervisor's Acknowledgment:**

As the Employing Organization Supervisor, you are acknowledging that:

1. The office of record will continue to pay the employee's salary during the JDA.
2. The office of record will continue to certify Web TA and all leave requests.
3. The office of record cannot fill the applicant's position except by temporary assignment.
4. The office of record has informed all levels of management of the temporary JDA.

**Employing Organization Supervisor Certification:**

As the Employing Organization Supervisor, you are certifying that:

1. The employee has no disciplinary complaints.
2. The employee has an achieved expectation performance rating or equivalent.

**Employing Organization Supervisor's Signature:**

| Title: | Phone: | Email: |
|---|---|---|
| | | |

Please submit this form with your application to jointdutyprogramoffice@hq.dhs.gov.

**Privacy Act Statement**: DHS is collecting this information to determine suitability for the Joint Duty Assignment in which you are applying. This information will only be shared with the DHD component advertising an assignment in which you have applied. Furnishing this information is voluntary. However, failure to furnish the requested information may delay or prevent the completion of your application submission.

**Authority**: Secretary's memo *Strengthening Departmental Unity of Effort* dated April 22, 2014, which emphasizes the importance of collectively strengthening departmental unity of effort to support DHS's primary objective: the effective execution of [its] missions. DHS Directive Number 250-1, Rotational Assignments, dated August 4, 2016.

**Purpose**: JDPO will use this information to determine minimal qualifications for the position in which you are applying.