

STATE / NATIONAL LEADERSHIP – REQUEST FOR ADMINISTRATIVE APPROVAL

Administrative approval required for:

- **National/Regional Candidate for Office**
- **National/Regional Committee or Task Force Chair**
- **State President** (or a lower office that automatically ascends to this office)
- **State Treasurer**

Prior to making application with any professional organization personnel must follow official procedures including completion and submission of this form.

Professional organizations will include but are not limited to: ANREP, ESP, NACAA, NAE4-HA, and NEAFCS.

This completed form must be submitted to the Associate Dean for Extension's Office at least 6 weeks before candidate's application is due to the state or national professional organization.

Candidates should be aware of the duties required by the position he/she is pursuing. Means for handling assigned work and official duties of the association office should be carefully considered prior to making application. Upon completion of this form with all necessary signatures, applicant may proceed to apply for state or national candidacy in chosen office, committee, or task force.

This form must be completed each time employee seeks candidacy for any office requiring approval.

1. Candidate should discuss their plans with and receive the support of their immediate supervisor.
2. A national candidate should have support of his/her state professional association and be approved by the board of directors of the state association. This approval will be indicated by the association president's signature on this form.
3. Candidate should seek and receive the support of their District Extension Director.
4. State program leader for ANR, FACS or 4-H should be notified by the association of applicant's intent to become a candidate. State program leader will provide input to the Associate Dean for Extension.
5. The signature and approval of the Associate Dean for Extension will complete this form.

Only after all approvals have been received shall the candidate submit application to the national association.

Professional Association State/National Leadership – Request for Administrative Approval

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- **State Treasurer**

Name: _____ Date: _____

Extension Position Held: _____

County/Dept.: _____ District: _____

Address: _____

Phone: _____ E-Mail: _____

Name of Professional Organization: _____

Title of Office/Committee/Task Force: _____

Official duties of office/committee/task force:

Means of handling assigned Extension work with additional national office duties:

- | | | |
|----|--|-------|
| 1. | _____ | _____ |
| | Applicant Signature | Date |
| 2. | _____ | _____ |
| | CEC or Supervisor | Date |
| 3. | _____ | _____ |
| | State Professional Association President | Date |
| 4. | _____ | _____ |
| | District Extension Director | Date |
| 5. | _____ | _____ |
| | State Program Leader | Date |
| 6. | _____ | _____ |
| | Associate Dean for Extension | Date |