

Nomination Form

Nominations must be received no later than 5:00 p.m. on November 10, 2023. Mail to: Texas Fiscal Officers' Academy, Denise Messina, State Auditor's Office, 1501 N. Congress Avenue, Austin, Texas 78701. The nomination form should be filled out completely, including original signatures.

Each agency that sponsors participant(s) is responsible for the tuition of \$300 per participant and any travel and meal expenses. Tuition is to be paid in full no later than January 31, 2024. Failure to pay tuition in full by that date can cause an agency's participant(s) to be dropped from the academy. A commitment to attend the three weeks of training is required of participating agencies and the participant(s). If a participant misses more than 8 hours of class time, he or she will be allowed to complete the training program, but will not be considered a "graduate" of the academy.

Nominating Agency Information

Agency Name:

Agency Number:

Agency Address:

City:

Zip:

Nominee Information

Nominees for this academy should have at least two years of experience with the State as accountants, auditors, economists, budget officers, purchasing officers, or similar financial management positions. In addition, nominees should display an interest in and aptitude for leadership and management.

Name (last, first, middle):

Telephone:

E-mail Address:

Job Title:

Years of State Service:

Classification Title:

Pay Group (e.g., B13):

Nominee Signature*: _____ **Date:** _____

*By signing this nomination form, the nominee agrees to comply with the nomination instructions.

Nominator Information

Nominees must be nominated by the agency's executive director or chief fiscal officer. A board or commission member can make a nomination if a chief executive officer or chief financial officer would like to be a nominee. Multiple nominees from an agency will be accepted, but the nominator must rank those nominees in the order in which they should be considered.

Name (last, first, middle):

Job Title:

Telephone:

E-mail Address:

Rank (if more than one nominee): 1.

2.

3.

Nominator Signature*: _____ **Date:** _____

*By signing this nomination form, the nominator agrees to comply with the nomination instructions.

Nominee Information

The following information may be provided on this form or an alternative format, such as a resume.

Work Experience for the Last 10 to 15 Years

<i>Employer</i>	<i>Job Title</i>	<i>Employment Dates</i>	<i>Key Responsibilities</i>

Education

<i>Name of College/University</i>	<i>Graduation Date (or dates attended)</i>	<i>Type of Degree</i>	<i>Major/Minor</i>

Other Professional Training (Include certifications, professional licenses, management development, etc.)	
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Nominee

Please answer the following questions in the space provided.

What are your career goals in state government?

If selected for the academy, what do you expect to learn and how do you envision that benefitting your agency?

Nominator

Please answer the following question in the space provided.

Why should this candidate be selected for the academy?

In what ways would your agency benefit if the nominee is selected to attend the academy?