



Employment Verification/Recommendation Form

College of Information and Cyberspace
National Defense University

Fort Lesley J. McNair, Washington D.C. 20319-5066

I. Application Information

First Name

Middle Name

Last Name

Suffix

Organization

Job Title

II. Supervisor Information

Name

Organization

Title

Grade/Rank

Email Address

Telephone/Ext

III. Eligibility Verification (To be completed by supervisor)

The applicant named above is applying for admission to National Defense University, College of Information and Cyberspace (CIC). CIC priorities applicants whose work role(s) are included under the DoD Cyber Workforce Framework, to include personnel who build, acquire, secure, operate, defend, manage, and protect DoD and U.S. cyberspace resources; conduct related intelligence activities; enable future operations; and project power in or through cyberspace.

1. Does the applicant currently complete work role(s) as describe above:

Yes

No

2. Is the applicant pursuing this education for future work roles(s) described above:

Yes

No

3. Is the applicant's current pay grade equivalent to GS/GM 13 or O-4 or above:

Yes

No

4. If the answer is yes to #3, please select the applicant's current grade/rank:

GS/GM 13

O-4

GS/GM 14 or above

O-5 or above

5. If your answer is no to #3, please complete the section below to recommend a waiver of the grade/rank requirement.

a. Please provide the applicant's grade/rank:

b. Describe the current level of responsibility (senior level management, supervisory, etc):

c. Provide a brief description of the core responsibilities of the applicant's position (or attach a description):

4. Please provide your impression of the applicant's commitment to lead and advise Information Age national security institutions and advance global security within the cyberspace domain

5. Please assess the overall promise of the applicant (select one).

Below Average	Average	Good	Superior	Exceptional	Unknown
--------------------------	----------------	-------------	-----------------	--------------------	----------------

V. **Certification (to be completed by Supervisor)**

Signature

Date