JOB SHADOWING REQUEST

Supporting Directive: NAVPERSCOMINST 5300.1

Disclaimer: Job shadowing allows employees the opportunity to observe work only to gain a better understanding of the organization. It is not intended as an opportunity to acquire direct work experience or skills that would give preference or advantage to anyone so as to improve employment prospects for a particular job.

Name: (Last, First, Middle Init.)	Org Code:	Phone Number:	E-Mail Address:

Current Mentor: (Optional)	Job area /position you would like to shadow: (Job shadowing assignments will be based on availability.)

Has this job shadowing request been incorporated into your IDP? ◯ Yes ◯ No

Note: All job shadowing requests must be incorporated into the requesting individual's IDP for consistency and supervisor approval. (Without your IDP, your request will not be considered.) Please attach a copy of your IDP to this e-mail submission.

Name of Supervisor:	Supervisor Phone Number:

Please list 3 things you would like to know about the job area you will be shadowing:

1)

2)

3)

As part of the job shadowing experience, you will be required to submit feedback about the impact this experience has on you. Please be thorough in your response, as your feedback will impact future job shadowing opportunities.

On your feedback, consider:
- Whether this opportunity met your expectations. Why or why not?
- What you have gained from this experience. (Positive or Negative)
- Whether or not you are interested in obtaining a career path assessment towards this position.

Please list two dates you would like to shadow (requires at least 2 weeks notice from date of receipt):

Primary Date

Alternate Date

Shadow experience may expose you to Privacy Act protected information. You are expected to exercise appropriate discretion and good judgement. Any misuse or unathorized disclosure may result in both civil and criminal penalties.

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