The LeadSC program was developed to provide emerging leaders in state government with the knowledge and skills to be successful while fostering a desire to create a career within state government. Program participants will gain a better understanding of the executive level functions of state government and how they can set themselves and others up to excel within their organization.

**The application deadline is May 1, 2024. Please email the application to** [**training@admin.sc.gov**](mailto:training@admin.sc.gov)**.**

You will receive an acknowledgement of receipt of your application. Our goal is to notify applicants accepted into the program by the end of June.

**Qualifications**

Applicant must:

|  |  |
| --- | --- |
|  | be a state government employee that has been employed with the state less than five years from the date of the application. |
|  | have been in their current position for at least one year. |
|  | be identified by agency leadership as an emerging leader. |
|  | have working knowledge of how the agency operates. |

**Commitments**

Applicant agrees to:

* fully participate in all components of the program.
* attend **all** scheduled courses. Participants must attend at least 90% of a class to receive credit for the class.
* complete each assignment in the specified time frame.
* actively engage in the learning process.
* apply learning on the job.

**Applicant Details**

|  |  |
| --- | --- |
| Name: |  |
| Preferred Name (if different): |  |
| MySCEmployee ID (SCEIS Username): |  |
| Agency: |  |
| Job Title: |  |
| Email: |  |
| Phone: |  |
| Cell Phone/Alternate Contact: |  |
| Agency Street Address: |  |
| City: |  |
| Zip Code: |  |
| Number of Years in State Government: |  |
| Do you supervise staff? | Yes  No If yes, how many? |

**Applicant Questions**

**Why are you interested in participating in the LeadSC program?**

**What are your career goals?**

**How will this developmental opportunity enable you to excel in your current and prospective roles?**

**Applicant Acknowledgement**

As an applicant to the LeadSC program, I confirm that the information provided is accurate to the best of my knowledge and I commit to the requirements of the program.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name (printed): |  | Date: |  |
| Applicant Signature: |  | | |

**Supervisor Recommendation and Signature**

Please provide a brief statement on why this applicant is being recommended for the LeadSC program.

As the supervisor of this applicant, I commit to:

* support the applicant’s participation in the LeadSC program.
* work with the applicant to ensure they receive the support to allow them to commit to this program.
* develop the applicant’s leadership skills, knowledge and abilities.
* encourage and support LeadSC learning on the job.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Name (printed): |  | Date: |  |
| Supervisor Signature: |  | | |
| Supervisor Email: |  | | |

**Leadership Approval**

**To be completed by the applicant’s division director or designee (optional).** Please provide a brief recommendation for this applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Head/  Deputy Director/  Designee Signature: |  | Date: |  |
| HR Director Signature: |  | Date: |  |
| HR Director Email: |  | | |