



2008-2009 Agency Nomination Form

AGENCY PRIMARY NOMINEE (Up to 40 agency primary nominees will be accepted in order received, through March 7, 2008.)

Name: _____

Job Title: _____ Salary Grade: _____

Agency/Facility: _____

Work Mailing Address: _____

Work Phone Number: (____) _____ Work Fax Number: (____) _____

Work E-mail Address: _____

AGENCY SECONDARY NOMINEE (Agency secondary nominees will be accepted to fill the class, in order received, if seats are available after the March 7, 2008 deadline.)

Name: _____

Job Title: _____ Salary Grade: _____

Agency/Facility: _____

Work Mailing Address: _____

Work Phone Number: (____) _____ Work Fax Number: (____) _____

Work E-mail Address: _____

Please submit completed application NO LATER THAN MARCH 7, 2008 to:

Bonnie Gela

Email - bonnie.gela@budget.state.ny.us -or- Fax - (518) 486-4143



Registration and \$400 payment will be due upon notification of nominees' selection; details will follow.