

## **Application for Collateral Duty Counselor Cadre**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Title/Series/Grade: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Basic Qualification Requirements for EEO Collateral Duty Counselors**

- Ability to work with employees, managers, and supervisors at all agency levels.
- Ability to communicate orally to explain procedures and regulatory requirements to aggrieved persons and management officials while demonstrating active listening and empathy;
- Ability to obtain and organize facts presented by aggrieved persons;
- Ability to conduct fact-finding and obtain necessary valuable documentation in the informal resolution of a complaint;
- Ability to clarify and discuss issues and resolve misunderstandings if they exist/arise
- Ability to report facts objectively; and
- Ability to write clear narrative statements.

### **Please provide a narrative description of your qualification for each of the following criteria:**

A. Be able to communicate with persons at different levels in the organization.

B. Ability to gather and analyze a variety of pertinent facts concerning controversial issues.

C. Ability to write a comprehensive summary report.

D. Ability to maintain confidentiality, impartiality and neutrality throughout the process.

E. Describe any qualifications such as training and/or other related experiences that may qualify you to serve as a collateral duty EEO Counselor. For example, mediation/negotiation skills, interviewing techniques, knowledge of human resources and equal employment opportunity law and regulations.

F. I would like to serve as a collateral duty EEO Counselor for the following reasons:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supervisory Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to [EDI.Resolutions@nih.gov](mailto:EDI.Resolutions@nih.gov)