



Mississippi LEAD Nomination Form

Course Term: January 2026 – December 2027

Please complete all the fields below. An incomplete form may result in the nominee's disqualification from the course.

AGENCY HEAD (NOMINATOR) INFORMATION:

Name:
Agency:

NOMINEE INFORMATION:

Name:	
Division within the Agency:	
Title:	
Email:	
Phone:	Person ID Number/ACE ID Number:
Work Address:	

To be completed by the **agency head**:

Please state why this nominee should be considered for this course:
I attest that this nominee is eligible to participate and is within a qualifying pay grade. (Mississippi General 18, 19, 20/Information Technology 10, 11, 12/Medical 9, 10, 11)
I agree that this nominee has my support to participate in this two-year program.

Agency Head Signature: _____ Date: _____

To be completed by the **nominee**:

Please describe your leadership experience:
I understand that, if selected, my participation in this program is a two-year commitment. I agree to fulfill my obligations, and I understand that lack of participation may result in disqualification.

Nominee Signature: _____ Date: _____



Please email the completed nomination form to Michael Finley, MSPB Training and Development Director, at mslead@mspb.ms.gov. Nominations are due **Friday, November 14, 2025**.