

Customer Experience Enhancement Committee (CXE Committee) Application

Name:	_____	Work Phone:	_____
Agency:	_____	Work Email:	_____
Division (if applicable):	_____	Job Title:	_____
State:	_____	Grade:	_____
		Years in this position:	_____

Please provide a very brief description of your/the applicant's main job responsibilities.

Have you/has the applicant pioneered an innovative customer service approach in your/their office? If so, please provide a brief summary.

Why are you/why is the applicant interested in serving on the Customer Experience Enhancement Committee?

(Continued on back)

Please email application with all required signatures by **August 20, 2019** to:
kimberly.iczkowski@usda.gov

What are the top two things you want to see this Committee do in the next year?

Immediate Supervisor and State Leader Approval is required if you are an FSA or NRCS employee; for RMA and the Business Center, please obtain approval from immediate supervisor.

Immediate Supervisor Signature: _____

Date:

Name and Title:

State Leadership Signature: _____

Date:

Name and Title:

State Leadership Nomination

Self-Nomination

Employee Association Nomination

Other Nomination
(if so, describe)

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