



**Joint Labor Management Committee  
State of Illinois**

929 S. Second St. Suite B  
Springfield, Illinois 62704



**Joint Labor Management Committee  
Fire Department Promotional Act, 50 ILCS §742**

# Assessor Continuing Education Documentation

**Date of Adoption: 05/01/2010  
Date of Review: 01/09/2014  
REVISED DATE: January 9, 2014**

## Illinois Promotional Assessor: Completion of Continuing Education Requirements

The assessor must complete at least four (4) hours of continuing education (classroom) per calendar year. Further, the assessor must have actively participated in at least two (2) assessment center processes in said year or a total of four (4) processes within a two (2) year period. Please indicate where your continuing education was completed and identify the assessment center processes in which you actively participated.

<b>Assessor Information</b> <i>Please Type or Print</i>					
Last Name		First Name		If Applicable: Name of Department/Business	
Office Phone		Fax Phone		Cell Phone	
Email Address:					
<b>Continuing Education Course (Four hours per year)</b>					
<b>Location:</b>				<b>Date:</b>	
<b>Lead Instructor Name:</b>					
<b>Identify Continuing Education Exercises You Have Completed.</b>					
In-Basket	<input type="checkbox"/>	Leaderless Group	<input type="checkbox"/>	Oral Interview	<input type="checkbox"/>
Tactical	<input type="checkbox"/>	Problem Employee	<input type="checkbox"/>	Leadership Quality	<input type="checkbox"/>
Please list below other exercises that are not listed and describe them.					
<b>Hours Received:</b>	Four-Hours:	<input type="checkbox"/>	Eight-Hours:	<input type="checkbox"/>	Other: <input style="width: 50px;" type="text"/>
<b>Lead Assessors certification of completion:</b> The Assessor Candidate attended and satisfactorily completed the continuing education course.					
<b>Lead Assessors Signature:</b>				<b>Date:</b>	
<b>Continuing Education Course (Four hours per year)</b>					
<b>Location:</b>				<b>Date:</b>	
<b>Lead Instructor Name:</b>					
<b>Identify Continuing Education Exercises You Have Completed.</b>					
In-Basket	<input type="checkbox"/>	Leaderless Group	<input type="checkbox"/>	Oral Interview	<input type="checkbox"/>
Tactical	<input type="checkbox"/>	Problem Employee	<input type="checkbox"/>	Leadership Quality	<input type="checkbox"/>
Please list below other exercises that are not listed and describe them.					
<b>Hours Received:</b>	Four-Hours:	<input type="checkbox"/>	Eight-Hours:	<input type="checkbox"/>	Other: <input style="width: 50px;" type="text"/>
<b>Lead Assessors certification of completion:</b> The Assessor Candidate attended and satisfactorily completed the continuing education course.					
<b>Lead Assessors Signature:</b>				<b>Date:</b>	

Illinois Promotional Assessor:  
Completion of Continuing Education Requirements

<b>First Assessment Center Process</b>	
<b>Location</b>	<b>Date</b>
<b>Lead Assessors Name</b>	

<b>Second Assessment Center Process</b>	
<b>Location</b>	<b>Date</b>
<b>Lead Assessors Name</b>	

<b>Third Assessment Center Process</b>	
<b>Location</b>	<b>Date</b>
<b>Lead Assessors Name</b>	

<b>Fourth Assessment Center Process</b>	
<b>Location</b>	<b>Date</b>
<b>Lead Assessors Name</b>	

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**Signature of Assessor**

***With your signature, you are attesting that the information is true and correct:***

\_\_\_\_\_ **Date**