# USE ONLY THE ELECTRONIC VERSION OF THIS COMPTROLLER FUNCTIONAL COMMUNITY (FC) RESUME

Privacy act statement: Title 5 of the US Code, sections 1302, 3304, is the authority for gathering employment data. The principal purpose of this form is to collect information needed to determine qualifications for position change *(reassignment, promotion, etc.)* It is in your best interest to furnish all necessary information to receive appropriate credit, although it is not mandatory to do so. Disclosure of your SSN is mandatory to obtain the services, benefits, or processes you are seeking and authorized by E.O. 9397. The SSN is an identifier used throughout the period your application is valid. The use of the SSN is necessary due to large number of applicants with identical names and birth dates. The information gathered through usage of the SSN occurs only when necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

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| --- | --- | --- | --- |
| NAME *(Last, First, MI)* | DSN NUMBER | LAST 4 - SOCIAL SECURITY NUMBER  | DOD FM **CERTIFICATION** LEVEL   |
| EMPLOYING OFFICE ADDRESS *(Include office symbol and ZIP Code)*HEADQUARTERS, UNITED STATES ARMY FORCES COMMAND4700 KNOX STREETFORT LIBERTY, NC 28310-5000OFFICE SYMBOL: AFRM-RI | AREA CODE AND COMMERCIAL NO. |  |
| COMMAND/AGENCYFORSCOM G8 | NAME *(Last, First, MI)* OF IMMEDIATE SUPERVISOR |
| E-MAIL ADDRESS AND OFFICE SYMBOLj | DSN AND COMMERCIAL NO. OF IMMEDIATE SUPERVISOR | DATE |

#  PART I - EXPERIENCE

Describe present and previous positions held in government, industry, or military service. Start with PRESENT position and work back. List separately those positions characterized by differences in grade or in major duties, or in employing office. Include significant temporary promotion or detail for periods over 30 *days (clearly identify as such in experience block used)*. In space provided for block 5, identify and summarize additional periods of relevant career field related experience. If needed, additional experience blocks are available on the CP 11 Resume Form *Continuation Sheet*.

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| --- | --- | --- | --- | --- | --- | --- |
| **1** | FROM *(Mo - Yr)*  | TO *(Mo - Yr)*  | SERIES  | GRADE  | POSITION TITLE | ORGANIZATIONAL TITLE *(If Supervisor)* |

DESCRIPTION OF WORK

 Serves as Lead FM Component Administrator (CA) for the FORSCOM G8, responsible for representing the Command on all DoD Financial

 Management Certification compliance matters, including responding to all upper echelon requests for compliance information and requisite reports,

 assisting downtrace unit level CAs with Learning Management System (LMS) technical inquiries, and ensuring compliance with the mandatory

 certification rules.

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| **2** | FROM *(Mo - Yr)* | TO *(Mo - Yr)*  | SERIES  | GRADE  | POSITION TITLE | EMPLOYING OFFICE AND LOCATION |

DESCRIPTION OF WORK

Continuous program execution monitoring of a $4.89B MACOM-level budget using MS Access, Excel, and ERP GFEBS / GCSS-A software. Conducts remote team collaboration using MS Teams to resolve programming / reprogramming issues at all echelons of command. Analyzes, evaluates, and presents strategic level budget execution data to staff leadership related to funds distribution, funding letter guidance, mid-year review, and year end close to facilitate senior leader decisions. Actions all G8 Secret-level funding paragraphs for HQDA reports, and EXORDs.

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| **3** | FROM *(Mo - Yr)*  | TO *(Mo - Yr)*  | SERIES  | GRADE  | POSITION TITLE | EMPLOYING OFFICE AND LOCATION |

DESCRIPTION OF WORK

Led a twelve-person deployed budget office providing budget oversight, distribution, and tracking for over $971 million in a Corps-level headquarters using GFEBS and MS Office 365. Oversaw the management of resources in support of Corps and Division operations throughout the entire funding cycle of requirements identification, justification, validation, prioritization, funding, execution, and reporting. Provided funding oversight for all Department of State (DOS) Title 22 activities and led a rewrite of a Department of State (DOS) 5-year Interagency Agreement, in addition to accomplishment of other additional duties. Assisted downtrace units as needed in the financial planning process in order to ensure resources were forecasted, validated, and accurately presented at contract acquisition review boards.

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| **4** | FROM *(Mo - Yr)*  | TO *(Mo - Yr)*  | SERIES  | GRADE  | POSITION TITLE | EMPLOYING OFFICE AND LOCATION |

DESCRIPTION OF WORK

Performed deployed accounting support and cost management to include cost capturing, maintaining current year and prior year accounting records, and reporting status of all funds distributed and disbursed within ten deployed fund centers. Supervised one 2nd Lieutenant, one Sergeant First Class, and two Specialists.

**COMPTROLLER FC RESUME, JUNE 2000**

REPLACES DA FORM 2302-R, WHICH IS OBSOLETE

**CAREER EMPLOYEE RECORD**

|  |  |  |
| --- | --- | --- |
| NAME *(Last, First, M I)**PURCELL, PHILLIP R.*  | LAST 4 - SOCIAL SECURITY NUMBER 7968 | DATE: 27 NOV 2023 |

**PART I - EXPERIENCE** *(Continued)*

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| --- | --- | --- | --- | --- | --- | --- |
| **5** | FROM *(Mo - Yr)* | TO *(Mo - Yr)* | SERIES | GRADE  | POSITION TITLE | EMPLOYING OFFICE AND LOCATION |

DESCRIPTION OF WORK

**PART II - EDUCATION** *(Show only formal education beyond high school)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FROM *(Mo - Yr)* | TO *(Mo - Yr)* | HOURS | DEGREE | MAJOR | SCHOOL AND LOCATION *(City and State)* |
| SEM | QTR |
|    |    |    |  |    |   |  |

**PART III – MANDATORY CP 11 TRAINING, ELECTIVE TRAINING, PROFESSIONAL DEVELOPMENT** *(Include Army sponsored courses)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FROM *(Mo - Yr)* | TO *(Mo - Yr)* | DAYS | DESCRIPTION | LOCATION *(City and State)* |
|   |   |   |   |   |

# PART IV – PROFESSIONAL CERTIFICATES, AWARDS AND RECOGNITION

|  |  |  |  |
| --- | --- | --- | --- |
| FROM *(Mo - Yr)* | TO *(Mo - Yr)* | KIND OF AWARD OR NATURE OF ACHIEVEMENT / CERTIFICATION | AWARDING / CERTIFYING AGENCY *(City and State)* |
|  |   |  |   |
| STATEMENT OF EMPLOYEETHE INFORMATION I HAVE FURNISHED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HAS BEEN SUBMITTED IN GOOD FAITH. | DATE | SIGNATURE OF EMPLOYEE |

**PAGE 2, COMPTROLLER FC RESUME, JUNE 2000**

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**CAREER EMPLOYEE RECORD**