REPORT OF ACTUAL HOURS TAKEN FORM – Fall 2019   *Deadline Date: January 27, 2020*

Name of Participant: _____ EMPLOYEE #: _____

DMHAS Facility_____

Work Telephone: _____   Home Telephone: _____   Cell Phone: _____

Program: School:_____ Degree:_____

Title of Course(s), Lab(s) or Practicum that you completed:

_____

_____

A. TO BE COMPLETED BY THE EMPLOYEE:

1. In my acceptance letter, I was approved for a total # of Career Mobility Fall 2019 Hours: _____ for use between

        Start Date: _____   End Date: _____

2. I actually used a total of _____Career Mobility Hours.

Timesheets, Career Mobility Worksheets, and Grade Report must be attached.

NOTE: Career Mobility may only be used for class, lab, practicum, and/or travel that actually conflicted with the work schedule. You are also not authorized to use Career Mobility Hours that exceeds your authorized number of hours. You may also not use any of these hours either *Before or After* your approval dates. Any adjustments or revisions must be made prior to submitting this document!

3. Please explain any discrepancies between the numbers of hours you were granted as compared to the number of hours that you used:
_____

_____

Employee Signature:_____ **Date:** _____

B. TO BE COMPLETED BY SUPERVISOR and MANAGER:

I have verified this report for accuracy. *I have compared it to the Timesheets and the Career Mobility Worksheets and have determined that it is an accurate recording*. I also verified that the employee utilized these hours within the guidelines of the Career Mobility Program and that they did not use any of these career mobility hours either before or after their approval dates. The employee also did not exceed the total number of approved Career Mobility Hours. Any revisions or corrections to the records and the submitted documentation have been implemented and documentation attached to this report. I have also reviewed the grade report provided.

Supervisor's Signature: _____ **Date:**_____

Manager's Signature: _____ **Date:**_____

Please return this to the Employee. It is the EMPLOYEE'S RESPONSIBILITY TO SUBMIT THESE DOCUMENTS TO: Ramona Sablón, HR Specialist, in the Employment Services Division, by the deadline date of Monday, January 27, 2020 to fax #860-418-6697.

This section to be completed as directed by DMHAS Human Resources – Workforce Development Service (Ramona Sablón)
TO BE COMPLETED BY HUMAN RESOURCES:

I have reviewed this documentation. I have compared it to the payroll data that is included within the Core-CT Payroll System as provided to me by the DMHAS Director of Workforce Development Services. It is accurate and it reflects the accurate reflection of Career Mobility Hours as attested to by the employee, supervisor and manager and revisions are noted with supporting documentation attached.

HR Signature:_____ **Date:** _____

These documents and all supporting materials must be available to District 1199 Education & Training Committee and/or
CT Department of Administrative Services as required and/or requested.