SPRING 2020   All applications must be postmarked no later than NOVEMBER 25, 2019

APPLICANT INFORMATION

Preferred method of contact: ☐ US Mail   ☐ E-mail   ☐ Telephone

APPLICANT NAME (please print) _____   EMPLOYEE # _____

SIGNATURE _____

HOME ADDRESS _____
No. & Street   City   Zip

HOME TEL. NO. _____   MOBILE NO. _____

E-MAIL ADDRESS (optional) _____

COLLECTIVE BARGAINING UNIT: NP-6 ☐   P-1 ☐

Number of Years as a State Employee: _____   Date of Hire _____

JOB TITLE: _____

WORK PHONE: _____

FACILITY/AGENCY INFORMATION:

Name of Agency (Department) _____

Name of Facility _____

Facility Head/Name and Title _____

Facility Street Address _____

Facility City/State/Zip Code _____

Exact Work Station: _____   Building: _____

Unit or Division: _____

Name of your **IMMEDIATE MANAGER** (the most immediate manager who is a non-union state employee):

Name _____   Title _____

Address _____   Zip Code _____   Phone _____

DMHAS CAREER MOBILITY- SPRING 2020 APPLICATION   1

PROGRAM DESCRIPTION AND PREVIOUS COURSEWORK

Yes ☐ No ☐ I have been formally accepted into the program listed below: This must be a health care related degree.

Name of Degree _____   Major _____

School, College or University   _____

Address_____

> **Nursing Students only:**
> Yes ☐ No ☐   I have been accepted into a nursing program.
> Yes ☐ No ☐   I have attached documentation that I have been accepted into a nursing program.
> Yes ☐ No ☐   I am working on nursing prerequisites only at this time
> **Current DDS Case Managers only**
> Yes ☐ No ☐   I am pursuing a Bachelor's degree for QIDP requirement

FOR THIS SECTION: Please provide information as of the semester for which you are seeking Career Mobility release time, NOT the semester you are enrolled in currently.

Number of credits **you have already earned** toward this degree: _____

Number of credits **you still need** to complete your degree: $+$ _____

TOTAL number of credits required to earn this degree: _____

Date of last course taken: _____ Number of Credits   _____

When do you expect to complete your program? _____
Month / Year

Applicants with cumulative grade point average <u>below</u> 2.3 or without a letter of good academic standing for LPN; <u>below</u> 2.3 for an Associate's or Bachelor's and 3.0 for a Master's or other advanced degree <u>will not be considered</u>.

Have you used Career Mobility hours in the past? **YES ☐ NO ☐**

If yes, please indicate the last semester and hours received Semester _____ Hours _____

CAREER MOBILITY COURSES/PRACTICUM

Complete ONE SECTION for EACH COURSE/LAB or PRACTICUM.

Title #1 _____

This is a ☐ Course   ☐ Lab   ☐ Practicum

Course/Lab or Practicum is held at: _____ or _____
                                         (College/University Location)   (Name of Other Location)

Scheduled on: _____
                      (Day (s) of Week)

Scheduled at: _____
                      (Class Time)

Total Number of Weeks: _____

Indicate all other times this course is offered: _____

Title #2 _____

This is a ☐ Course   ☐ Lab   ☐ Practicum

Course/Lab or Practicum is held at: _____ or _____
                                         (College/University Location)   (Name of Other Location)

Scheduled on: _____
                      (Day (s) of Week)

Scheduled at: _____
                      (Class Time)

Total Number of Weeks: _____

Indicate all other times this course is offered: _____

Title #3 _____

This is a ☐ Course ☐ Lab   ☐ Practicum

Course/Lab or Practicum is held at: _____ or _____
                                         (College/University Location)   (Name of Other Location)

Scheduled on: _____
                      Day (s) of Week
Scheduled at: _____
                      Class Time

Total Number of Weeks: _____

Indicate all other times this course is offered: _____

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AGENCY INPUT

MANAGER: PLEASE REVIEW AND DISCUSS ENTIRE APPLICATION AND CALENDAR BEFORE COMPLETING THIS PAGE

1. Total number of hours requested (should match the grand total from the calendar): _____

2. If this is a part–time employee, please specify the full-time equivalency _____
    (i.e., 50%, 64%, 80%, 90%). This question must be completed

3. Describe the impact of this person's participation in career mobility on your facility/agency coverage.

4. Can the course the applicant wishes to take be taken on the employee's own time or can any other courses be substituted? Please comment.

5. Is an alternate or flexible work schedule beneficial to the agency? Describe your discussion with the employee re: working an alternate or flexible work schedule and any arrangements that have been made. *Any schedule changes for this semester should be reflected in the calendar section of the application under the flex (F) option*.

6. Additional Comments:

Immediate Manager _____   _____
                              Print Name   Title

Manager Signature _____   Date _____

Employee Signature _____   Date _____

WORK SCHEDULE

    FULL TIME ____   **or   PART TIME** _____** _____%
                        ** IF PART TIME, PLEASE INDICATE WHAT %(i.e.50%,64%,80%etc)

    Total Hours per _PAY PERIOD_: _____

    First Shift ☐   **Second Shift** ☐   **Third Shift** ☐

    Work / Shift Hours: _____ **to** _____

    Mealtime # of minutes per work shift: Paid _____ **Unpaid** _____

    Monday - Friday: YES ☐ **NO** ☐

    Is this a rotating schedule? YES ☐ **NO** ☐

    Rotating Pass Days: **YES** ☐ **NO** ☐

INSTRUCTIONS

A common reason for rejected Career Mobility application is incomplete or inaccurate calendars. The following step-by-step instructions are intended to assist you in proper calendar completion. Please read through and be sure you understand them before completing your calendar. If you have any questions please call one of your representatives listed in the guidelines. DO NOT include hours previously requested.

              W = YOUR REGULAR WORK SCHEDULE
              U = UNPAID MEALTIME
              F = FLEX TIME
              C = CLASS / LAB
              P = PRACTICUM / CLINICAL
              TT = TRAVEL TO CLASS / PRACTICUM
              TF = TRAVEL FROM CLASS / PRACTICUM
              H = HOLIDAY
              CM = RELEASE TIME for <u>C</u>areer <u>M</u>obility

SAMPLE CALENDAR

This person's regular schedule is 8:30 - 4:30 Sunday through Wednesday and noon until 8:30 on Thursday with a one hour unpaid meal break each day. He has agreed to change his hours on Wednesday so that he can take a morning class on his own time. His classes are Monday, Wednesday, and Friday 9:00-11:00. His practicum is on Monday from noon to 4:00. He lives about one hour from the school so he must leave home approximately 8:00 AM. He is scheduled to work at 8:30, so his travel time from 8:30 to 9:00 conflicts with his work only on Monday. Also on Monday, at the end of the day, half of his trip back from school conflicts with work. He is requesting 7 hours CM Release Time per week, all on Monday.

COMPLETE THE MONTH AND DATE BLANKS FOR THE ENTIRE CALENDAR

<u>**Step 1**</u> W (work) and U (unpaid mealtime)
Indicate the times of your **regular** work schedule. Do not reflect adjustments made to accommodate your school schedule, i.e. don't show a flex schedule. If you have an <u>**unpaid**</u> meal break, indicate the length of it.

Step 2   (Flex)
   Indicate any changes you have made to your work schedule to reduce the need for release time.

   Step 3 C & P (Class/Lab& Practicum/Clinical) Indicate the schedule of <u>all</u> classes and practicum whether or not there is a conflict with your work schedule.

   Step 4 T (Travel—to/from)
   Indicate the times of travel only if it conflicts with time you should be working.

   Step 5 CM (Career Mobility Release Time)
   For each day calculate the amount of Career Mobility Release Time you will need. Remember you can only request CM Release Time for periods which actually conflict with your work schedule for that day. Do not request CM Release time for travel or school that occurs before or after your work hours.

   Third Shift: Applicants working third shift should complete the calendar specifying their exact work, class, practicum, travel schedules and release time requested. In the case of third-shift workers, up to two days per week for course/practicum may be allocated for sleep time. Release time will not be granted for study time.

Sample Week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
W	8:30-4:30	8:30-4:30	8:30-4:30	8:30 -4:30	12:00-8:30	Off	Off	
U	60 min.	60 min.	60 min.	60 min.	60 min.			
F				Noon - 8:30				
TT		8:30-9:00						
TF		4:00-4:30						
C		9:00-11:00		9:00-11:00		9:00-11:00		
P		Noon-4:00						
								WKLY
CM		7 hrs.						TOTAL
								7 HRS.

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MONTH:								
	SUN____	MON_____	TUE_____	WED_____	THUR_____	FRI____	SAT____	
W								
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T/TO								
T/FROM								
CLASS								
P								
CM								**TOTAL CM:**
	SUN____	MON_____	TUE_____	WED_____	THUR_____	FRI____	SAT____	
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T/TO								
T/FROM								
CLASS								
P								
CM								**TOTAL CM:**
	SUN____	MON_____	TUE_____	WED_____	THUR_____	FRI____	SAT____	
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	SUN____	MON_____	TUE_____	WED_____	THUR_____	FRI____	SAT____	
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	SUN____	MON_____	TUE_____	WED_____	THUR_____	FRI____	SAT____	
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CLASS								
P								
CM								**TOTAL CM:**

w = work	u = unpaid mealtime	f = flex time	t/to = travel to	t/from = travel from	p = practicum	cm =career mobility	MONTHLY TOTAL

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MONTH:								
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Grand Total of Career Mobility Release Time Hours Needed for
SPRING 2020 semester ⬚

IMPORTANT: HOURS MUST MATCH TOTAL ON AGENCY INPUT PAGE.

Based on this Career Mobility application request, I am requesting to use any approved Career Mobility hours between these dates:

START DATE: _____
mm/dd/yy

(The first date that you are requesting career mobility release hours because of a conflict with your work shift schedule…not necessarily the first day of class.)

Through

END DATE: _____
mm/dd/yy

(This last date of the career mobility semester that you are requesting career mobility hours because of a conflict with your work shift schedule…not necessarily the last day of class.)

Thank you for applying for Career Mobility Program.