

FALL 2017 Important - Applications must be postmarked no later than August 18, 2017

Fall 2017 – Contract information - money will be expended subject to state budget passage.

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 <input type="checkbox"/> P-1 <input type="checkbox"/>	
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 _____

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?	_____
	<i>Month / Year</i>

Applicants with cumulative grade point average below 2.5 or without a letter of good academic standing for LPN; below 2.5 for an Associate's or Bachelor's and 3.0 for a Master's or other advanced degree will not be considered.

	Specify	#Credits	or	#Hours
Number of credits requested for this semester through the Career Mobility Program:	_____	OR	_____	
Number of credits you will take or hours you will attend this semester on YOUR OWN TIME	_____	OR	_____	
Have you used Career Mobility hours in the past? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>If yes, please indicate the last semester and hours received</i>	Semester _____		Hours _____	

AREER 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: _____

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%)

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

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 Career Mobility**

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

Step 1 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 **unpaid** meal break, indicate the length of it.

Step 2 (Flex)

Indicate any changes you have made to your work schedule in order to reduce the need for release time.

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Step 3 C & P (Class/Lab& Practicum/Clinical) Indicate the schedule of all 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____	
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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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MONTHLY TOTAL

**Grand Total of Career Mobility Release Time Hours Needed for
FALL 2017 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.