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# 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                

**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                                                        

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**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 below 2.3 or without a letter of good academic standing for LPN; below 2.3 for an Associate’s or Bachelor’s and 3.0 for a Master’s or other advanced degree will not be considered.

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:

**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.

1. Describe the impact of this person’s participation in career mobility on your facility/agency coverage.
2. 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.
3. 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***.
4. Additional Comments:

Immediate Manager                                                              

Print Name Title

Manager Signature                           Date           

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**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 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 to reduce the need for release time.**

**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 |
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| 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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| 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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| 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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| CM |  |  |  |  |  |  |  | **TOTAL** CM**:** |
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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** |

**Grand Total of Career Mobility Release Time Hours Needed for**

**SUMMER 2021 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.**