

IMPORTANT INFORMATION REGARDING
SUMMER 2009 CAREER MOBILITY

The funds to support Summer Career Mobility may not be available due to the current unresolved Contract Negotiations and the fiscal crisis in the state.

Completed Career Mobility Applications *will still* be accepted.

However, due to the uncertainty of this funding, applicants who need or want to continue in an educational program should be in contact with their Supervisor/Manager and Human Resources Department to pursue flexible schedules or other alternative arrangements.

FALL 2009

TO: 1199 Bargaining Unit Members (P-1 or NP-6)
FROM: Education and Training Committee
DATE: June 15, 2009
SUBJECT: CAREER MOBILITY GUIDELINES, FALL 2009

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY.

CONTRACT JUSTIFICATION

Article 35 of the District 1199 Health Care Employees Union Contract includes a Career Mobility Fund for NP-6 and P-1 Employees who require release time with pay to take courses for a higher education degree.

PLEASE NOTE: The Career Mobility Fund is administered as follows:

- **Degrees must support healthcare related agency services.**
- **Applications from both traditional and/or distance learning accredited programs will be considered.**
- **Release time with pay may be granted to attend courses and /or to travel that conflicts with 1st or 2nd shift work schedules.**
- **In the case of 3rd shift, release time may be granted for sleep as classes may not conflict with work.**
- **Release time is not granted for study time.**
- **Release time may be granted for up to a maximum authorization of 3 days per week or the equivalent number of hours over the course of the semester.**
- **APPLICATONS WILL BE CONSIDERED CONTINGENT UPON AVAILABILITY OF FUNDS.**

GENERAL ELIGIBILITY REQUIREMENTS

In order to be considered for Career Mobility hours an applicant must have:

- A minimum of **five** years state service
- A minimum of either **five** courses or 15 credits for an Associate's or Bachelor's degree and for a Masters degree and/or doctoral degree, either a minimum of **three** courses or 9 credits.
- A **current** minimum of **2.5** cumulative average or a letter indicating good academic standing for an LPN
- A current minimum 2.5 cumulative average for an Associate's or Bachelor's degree
- A current minimum **3.0** cumulative average for a Master's degree or other advanced degree.
- Career Mobility release hours granted for part-time employees will be pro-rated.

EXCEPTIONS/WAIVERS TO GENERAL ELIGIBILITY REQUIREMENTS

(revised June 1, 2006)

1. Students pursuing any of the following nursing degrees:
 - LPN—Course / credit requirements waived and 3 years of state service are required.
 - RN—for individuals pursuing an **initial** RN degree only, course / credit requirements are waived and 3 years of state service are required.
2. DMHAS employees accepted into the DMHAS MSW cohort program:
 - Course / credit requirements and years of state service are waived.

TRANSCRIPTS

Your application **will not be considered** without your most current transcript or grade report that shows a cumulative average. This should be a copy of your most current transcript or grade report of all completed courses pertinent to the degree you are pursuing. A transcript or grade report must be submitted with each application. Transcript or grade reports printouts without school identification information and all completed courses are not acceptable.

Transfer students

Applicants whose current transcript indicates a cumulative grade point average below 2.5 for an Associate's or Bachelor's degree or 3.0 for graduate students and contains transfer credits from other school/s are advised to include all previous transcripts as applicable. Such applicants will be considered on a case by case basis, based on prior academic performance and transferred credits applicable to the degree they are pursuing.

TUITION REIMBURSEMENT

Participation in this program does not preclude eligibility for tuition reimbursement. A separate application must be completed for tuition reimbursement and should be submitted to your agency tuition reimbursement officer as soon as possible. Contact your tuition reimbursement officer for more information and forms.

PROCEDURES

Application forms can be obtained from your agency personnel office and union delegates.

The deadline for submission is JULY 24, 2009

It may be possible to obtain specific dates and times prior to school course calendars being published. Check with your faculty advisor, registrar, department chair or professor to obtain specific information.

Application must be signed by both the employee and his/her immediate manager. *This is the first person outside the employee's bargaining unit who is on the managerial pay plan.* (This is NOT an NP-6 or P1 employee. Call your agency Human Resources office if there are questions as to who this person is.) An "agency input" section is included for the manager to complete. The manager may wish to consult with the employee's supervisor.

It is the employee's responsibility to submit 11 complete, collated and stapled copies. Due to the change in administration of the program, all applications must be mailed and be POSTMARKED NO LATER THAN JULY 24,2009 APPLICATIONS MUST BE MAILED TO THE FOLLOWING ADDRESS:

**THELMA BALL, CHAIRPERSON
EDUCATION AND TRAINING COMMITTEE
325 MARGARITE ROAD
MIDDLETOWN, CT 06457**

FALL 2009

A copy of the application MUST also be submitted to your facility head.

Please contact any committee member if you have questions about the program or application.

DOC/UCHC	Raynetta Forbes	(203) 579-6222
DDS	Patty Daniels	(203) 514-3227
DDS	Deb DeVivo	(860) 263-2654
DMHAS	Shirley Watson	(860) 262-5402
DMHAS	Thomas Griffen	(203) 579-7331
DDS	Teresa Gonzalez	(860) 418-6122
DOC/UCHC	Mary Marto	(860) 848-5773
DPH	Deb Lyons	(860) 509-7180
DCF	Jackie O'Brien	(860) 704-4205
DCF	Gayle Brooks	(860) 704-4168

**NP-6/P-1 CAREER MOBILITY/PRACTICUM APPLICATION
FALL 2009**

Read Accompanying Guidelines Contained in Distribution Letter Before Completing Application

For your convenience, a checklist of the required items for a complete application package is included below

CHECKLIST

Failure to submit all items listed in the checklist will result in rejection of your application.

- A copy of this application was sent to my facility head
- Current application forms
- Work and Class calendar schedule
- Attach transcript or grade report (must include your cumulative grade point average), all completed courses, and courses currently in progress.
- NURSING STUDENTS ONLY: Attach official documentation of application to Nursing Program indicating acceptance or wait list status into program
- DISTANCE LEARNING STUDENTS ONLY: Attach proof of required log-on times that conflict with work. (course catalog description, signed letter on letterhead from college or school, etc.)
- Management input section completed and signed by your immediate manager (non-union state employee)
- Employee signature on page 5 and management input page.
- One (1) ORIGINAL and TEN (10) COLLATED AND STAPLED COPIES** of the entire package.
XEROXING IS NOT AVAILABLE AT DROP OFF SITE.
- Failure to submit report of hours for the last semester (s) completed will jeopardize this application.

Call your E & T Committee representative if you have any questions.

This application is for (check one):

Class _____
Practicum _____
Both _____

APPLICANT INFORMATION

APPLICANT NAME (please print) _____
SIGNATURE _____
HOME ADDRESS _____
 No. & Street City Zip
HOME TEL. NO. _____ EMPLOYEE # _____

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 _____

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

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 2.5 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.

Number of credits requested for this semester through the Career Mobility Program: _____ Specify #Credits or #Hours _____ 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 NO**

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

WORK DESCRIPTION

Full Time _____ Part Time _____

Total Hours PAY PERIOD: _____

Work / Shift Hours: _____ to _____

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

Monday - Friday: YES _____ NO _____

Is this a rotating schedule? Rotating shift 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.

Step 3 C & P (Class/Lab& Practicum/Clinical) Indicate the schedule of all classes and practica 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.

MONTH:								
	SUN____	MON____	TUE____	WED____	THUR____	FRI____	SAT____	
W								
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T/FROM								
CLASS								
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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

FALL 2009

Revised

June 15, 2009

MONTH:	SUN____	MON____	TUE____	WED____	THUR____	FRI____	SAT____	
W								
U								
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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

Totals

Class:

Travel:

Practicum:

**Grand Total of Career Mobility Release Time Hours
Needed for FALL 2009 semester**

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IMPORTANT: HOURS MUST MATCH GRAND 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.