

**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

**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.**

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

This application is for (check one):     class                     practicum                     both



**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 DESCRIPTION**Full Time  Part Time 

Total Hours 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.











MONTH:								
	SUN	MON	TUE	WED	THUR	FRI	SAT	
W								
U								
F								
T/TO								
T/FROM								
CLASS								
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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**

**Grand Total of Career Mobility Release Time Hours  
Needed for SUMMER 2011 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.**