

REPORT OF ACTUAL HOURS TAKEN FORM – Fall 2016

Deadline Date: January 29, 2017

Name of Participant: _____ EMPLOYEE #: _____

DMHAS Facility _____

Work Telephone: _____ Home Telephone: _____ Cell Phone: _____

Program: School: _____ Degree: _____

Title of Course(s), Lab(s) or Practicum that you completed:

A. TO BE COMPLETED BY THE EMPLOYEE:

1. In my acceptance letter, for Fall 2016, I was approved for a total # of Career Mobility Hours: _____ for use between

Start Date: _____ End Date: _____

2. I actually used a total of _____ Career Mobility Hours.

Timesheets and Grade Report must be attached.

NOTE: Career Mobility may only be used for class, lab, practicum, and/or travel that actually conflicted with the work schedule. You are also not authorized to use Career Mobility Hours that exceeds your authorized number of hours. You may also not use any of these hours either Before or After your approval dates. Any adjustments or revisions must be made prior to submitting this document!

3. Please explain any discrepancies between the numbers of hours you were granted as compared to the number of hours that you used:

Employee Signature: _____ **Date:** _____

B. TO BE COMPLETED BY SUPERVISOR and MANAGER: I have verified that the employee utilized these hours within the guidelines of the Career Mobility Program and that they did not use any of these career mobility hours either before or after their approval dates. The employee also did not exceed the total number of approved Career Mobility Hours. Any revisions or corrections to the records and the submitted documentation have been implemented and documentation attached to this report. I have also reviewed the grade report provided.

Supervisor's Signature: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____

Please return this to the Employee. It is the EMPLOYEE'S RESPONSIBILITY TO SUBMIT THESE DOCUMENTS TO: Edra Knight, by the deadline date of Wednesday, June 15, 2016 to fax #860-418-6697.

This section to be completed as directed by DMHAS Human Resources – Workforce Development Services
TO BE COMPLETED BY HUMAN RESOURCES:

I have reviewed this documentation. I have compared it to the payroll data that is included within the Core-CT Payroll System and . It is accurate and it reflects the Career Mobility Hours as attested to by the employee, supervisor and manager and revisions are noted with supporting documentation attached.

HR Signature: _____ **Date:** _____

These documents and all supporting materials must be available to District 1199 Education & Training Committee and/or CT Department of Administrative Services as required and/or requested.