

**CENTRAL STATE HOSPITAL
POLICY**

SUBJECT: **EDUCATIONAL ASSIGNMENT (EA) POLICY**

ANNUAL REVIEW MONTH: May

RESPONSIBLE FOR REVIEW: Staff Development and Training Director

LAST REVISION COMPLETED: May 2011

I. PURPOSE

The purpose of the Educational Assignment (EA) Policy is to assist Central State Hospital in filling highly specialized and technical jobs in the health care sector. Educational assignment provides a mechanism by which current employees of Central State Hospital can participate in academic/vocational training for such jobs.

II. POLICY STATEMENT

An Educational Assignment may be granted to a hospital employee to participate in academic/vocational training that will enable him/her to meet the minimum qualifications for “hard to fill” positions. Educational Assignment is available once the employee completes the core curriculum of their field of study.

III. DEFINITION OF TERMS

Educational Assignment is attendance at academic/vocational classes, in lieu of normal work responsibilities.

The Educational Assignment Governing Committee consists of the hospital Discipline Chiefs ad hoc, and the Chief Nurse Executive, Nurse Executives, Human Resources representative and Staff Development Director.

Disciplinary Actions includes any written reprimand.

IV. GENERAL INFORMATION AND GUIDELINES

In all cases, an Educational Assignment award must be to the advantage of, and in the best interest of Central State Hospital. The following categories may be used.

- A. Hard to Fill positions must be identified by the Educational Assignment Governing Committee which consists of the Discipline Chiefs ad hoc, the Chief Nurse Executive, Nurse Executives, Human Resources representative and Staff Development Director. Criteria for designation will include, but not be limited to, the following: turnover rates, recruitment and retention status and other relevant criteria. Priority will be given to those positions critical to client care and compliance with licensure or accreditation standards.
- B. An Educational Assignment may be awarded for the purpose of professional development in preparation for the assumption of increased professional, supervisory or administrative duties.

V. **SELECTION AND PARTICIPATION CRITERIA**

- A. Selection Criteria:
 - 1. Applicants must be currently employed with Central State Hospital on a full time basis, and have been employed with Central State Hospital for a minimum of two years and have a combined annual and sick leave balance of at least 200 hours.
 - 2. Applicants must have received at least a “met expectations” on the last two annual performance management periods. Applicant must not have disciplinary actions in the Unit Files or Human Resource Files or an attendance plan on record for two years.
 - 3. Applicants complete an application and obtain approval from all required positions within CSH and Department of Behavioral Health and Developmental Disabilities (DBHDD) administration (Attachment 1).
 - 4. Applicants must submit an educational plan, which describes the educational program that is being requested. The plan should include a confirmation copy of the specific classes, the length of the class, the location of each class and the time required to be away from the usual work site (including travel time) not to exceed 24 hours unless approved by the Educational Assignment Governing Committee. Travel time is not to be considered part of the 24 hours allotted for EA, unless otherwise approved by the Educational Assignment Governing Committee. An official letter of acceptance, from the training facility/school, is required at the beginning of the term and a recent official grade transcript at the conclusion of the term.
 - 5. Applicants must submit a written recommendation from the service chief, department head or office director of his/her current work location.

6. Priority will be given to employees who are already in the educational program for which they are requesting Educational Assignment; and to employees who are currently working in the area for which they are requesting Educational Assignment.
7. Applicants seeking a Masters Degree will be considered if it is of a critical nature. The RHA will make the approval decision.

B. Selection Process:

The Director of Staff Development & Training (SD&T), in conjunction with the Educational Assignment Governing Committee, will review the applications submitted based upon the predetermined selection criteria indicated above, as well as other relevant information.

C. Employee Commitment:

The Academic Training Contract stipulates the specified period of continuing employment following completion of the program, as is associated with the payback, or forgiveness of the loan. This payback period may vary from academic term to academic term but must be completed at Central State Hospital and must be in their field of study. The payback period does not begin until the employee obtains a license for the course of study and begins work in the new position. The employee is responsible for informing their CSH supervisor when the program is completed.

A schedule for payback/continued employment is as follows:

<u>Weekly Award Amount (average)</u>	<u>Payback Period /Work Obligation</u>
1-12 hours per week	One payperiod /half month*
12.1 –16 Hours per week	Two payperiods /one month*
16.1 – 24 Hours per week	Three payperiods /1.5 month*
Over 24 Hours per week	Four payperiods /two months*

* For every month for which any educational assignment time was granted.

The employee's reimbursement responsibility will include, but not be limited to, repayment at the employee's hourly rate of pay for each hour of Educational Assignment. The hourly rate of pay will be determined based upon the employee's rate of pay at the time of each award period of the Educational Assignment authorization.

The number of hours per week identified and approved for Educational Assignment depends on the specific educational program in which the employee is enrolled, the current class schedule, and the ability of the work area to release the employee from work duty assignments. The amount of sponsored time can range from 1 to 24 clock hours per week and can vary during the academic term, and from one academic term to another. At the end of each academic term, the total amount of time granted is divided by the number of weeks in the term to arrive at the average number of EA hours granted per week.

A maximum of 24 hours may be granted for the EA program. Time spent by the employee outside the classroom in preparation for class, examinations, and related matters is not included in the Educational Assignment and is the responsibility of the employee. On line training will not be approved for the EA program.

D. Grade Point Average:

The Academic Contract stipulates that the recipient of the award must remain in good standing. Good standing is defined as either maintaining a 2.5 or having the rating of good standing by the institution.

F. Process for Continuing to Participate in the EA Program:

Applicants must submit an official transcript at the conclusion of each term and a schedule for the following term for proof of registration prior to signing the Academic Training Contract. An Academic Training contract must be signed at the beginning of each term. A request for approval of rescheduled work time for Academic/ Vocational education must be completed and signed by the supervisor, reviewing official and Regional Hospital Administrator and be included in the packet each term. Attachment 2

VI. WITHDRAWALS, TERMINATIONS AND COMPLETIONS

- A. The employee may submit a written request to the SD&T Director to suspend the program for a period not to exceed 120 days or one academic term whichever is longer. A request to extend a program suspension must be authorized by the Educational Assignment Governing Committee.
- B. CSH reserves the right to cancel or modify the program at the end of any academic term or period of study. If the program were to be cancelled or otherwise interrupted, the employee's reimbursement responsibilities would be prorated based upon actual program time completed. Admittance to the program following a termination or cancellation requires a reapplication and submitted proof of the applicants good standing prior to re-application.

VII. ANNUAL REPORT

The SD&T Director will submit an annual report to the Educational Assignment Governing Committee for review and recommendation for modification or continuance. This report will include statistical information as well as a review for EEO purposes.

Approved:

This policy has been approved by the Training Advisory and Implementation Team.

Attachment: 1

Application for Educational Assignment Sponsorship

Attachment: 2 Rescheduled work time for Academic/ Vocational Education

**CENTRAL STATE HOSPITAL
APPLICATION FOR EDUCATIONAL ASSIGNMENT SPONSORSHIP**

Applicant's Name: _____ Date: _____
Employee I.D./Payroll # _____ Sex: M F Race: _____ Age: _____
Work Area (Division/Department/Office): _____
Shift: _____ Work Phone: _____ Home Phone: _____ Home
Address: _____
School/College/University: _____
Campus Location: _____
Quarter/Semester Beginning Date: _____ Projected Graduation Date: _____
Applicant Signature: _____ date: _____

NOTE: Attach an educational plan, which describes the educational program being requested. The plan should include specific classes, the length of the class, the location of each class, and time required to be away from work site (including travel time). A letter of acceptance from the training facility/school and a recent grade transcript, if available.

Division/Department/Office Recommendation	Approval / Disapproval
Name: _____ Supervisor Date	<input type="checkbox"/> <input type="checkbox"/>
Name: _____ Reviewing Manager Date	<input type="checkbox"/> <input type="checkbox"/>
Name: _____ Service Chief/Department/Office Director Date	<input type="checkbox"/> <input type="checkbox"/>

NOTE: Attach copies of the last two (2) PMFs and any other supporting documents.

Human Resources Management Recommendation

Approval Disapproval

Signature: _____
Director, Human Resource Management Date

Applicant Information:

Current Georgia Merit System Job Title: _____ Monthly

Salary: _____ Hourly Rate: _____ Hire Date:

Time Status: _____ Leave Balance: _____ (Annual) _____ (Sick)

Disciplinary Actions (if any): _____

Discipline Chief Recommendation

Approval Disapproval

Signature: _____
Date

Title: _____

Staff Development and Training Recommendation

Approval Disapproval

Signature: _____
Director, SD&T Date

Administrative Review

Approval Disapproval

Signature: _____
Regional Hospital Administrator Date

NOTE: Completed form should be forwarded to the Director of the Staff Development and Training Department

**CENTRAL STATE HOSPITAL
REQUEST FOR APPROVAL OF RESCHEDULED WORK TIME
FOR ACADEMIC/VOCATIONAL EDUCATION**

I, _____, respectfully request consideration and approval for rescheduling my work
(print name)
hours in order for me to attend _____ from _____ to _____.
(name of school) (actual dates of classes)

This will enable me to complete course work requirements towards a degree in _____
(major/subject)
_____ with an expected graduation date of _____.
(date)

Applicant's Signature _____ Date _____

Work Phone # _____ Work Unit/Location: _____

The Proposed number of EA Hours: _____ -

The class/course work schedule(s):

(Course)	(Hr. Credit)	(Days/Time of Class)
_____	_____	_____
(Course)	(Hr. Credit)	(Days/Time of Class)

The proposed work schedule for this period is:

SUNDAY	From _____ To _____	From _____ To _____	= _____ Hrs.
MONDAY	From _____ To _____	From _____ To _____	= _____ Hrs.
TUESDAY	From _____ To _____	From _____ To _____	= _____ Hrs.
WEDNESDAY	From _____ To _____	From _____ To _____	= _____ Hrs.
THURSDAY	From _____ To _____	From _____ To _____	= _____ Hrs.
FRIDAY	From _____ To _____	From _____ To _____	= _____ Hrs.
SATURDAY	From _____ To _____	From _____ To _____	= _____ Hrs.
			Total _____ Hrs.

Specify the benefit to the Hospital of your completing this training program. _____

Recommend:	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	_____	_____
		Supervisor	Date
Recommend:	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	_____	_____
		Reviewing Official CSH DDO	Date
Grant:	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	_____	_____
		Regional Hospital Administrator	Date