

**COMMUNITY MENTAL HEALTH CENTER
OF EAST CENTRAL GEORGIA**

SUBJECT: Staff Development Off Campus Training Program
POLICY NUMBER: HR 30.02
EFFECTIVE DATE: October 2001

SUPERSEDES: Policy #	REVIEWED DATE: May 2005 LAST REVISION DATE:
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POLICY:

The policy of the Community Mental Health Center of East Central Georgia is to provide opportunities for off campus training for eligible employees.

PURPOSE:

- A. To develop and enhance employee skills and knowledge for more effective job performance.
- B. To outline the procedures for participating in the CMHC's off campus training.

DEFINITION:

- I. Off campus training means job related instruction, taken outside the workplace, which is designed to enhance employee performance and meet individual and organizational objectives. This training, conducted in individual or group format by vendors, non-state organizations, other state agencies, universities, colleges, or other outside organizations, may be recommended by management or requested by the employee. It does not include training conducted by the CMHC's agency-wide training program.

PROCEDURES:

- I. Eligibility:
 - A. Non-Temporary full and part-time employees are eligible.
 - B. The CMHC will not approve off campus training as a condition for hiring job applicants.
 - C. The training must be related to the employee's work and be approved by the employee's supervisor and Program Director. Requests for training must specify any request for reimbursement in part or in full. Administrative Leave is considered partial reimbursement for attending the training.
 - D. Termination of employment for any reason will automatically and immediately cancel the CMHC's agreement to fund a previously approved off campus training.
 - E. The employee will present information gained from the course to other employees within sixty (60) days of the course dates(s) if applicable, if CMHC has paid for the training in part or in full.
 - F. The employee/supervisor/program manager must demonstrate in writing how the training will benefit the employee and CMHC.

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- II. Program Limitations:
 - A. If a program or course is canceled or rescheduled, an employee who is released from duty to participate in the training shall report for duty to the employee's work location and inform their supervisor/program manager.
 - B. All training and staff development is subject to fund availability and the operational needs and requirements of the Agency.
 - C. Funding for off campus training must be provided by the employee's Program Manager, unless otherwise authorized by the Chief Executive Officer.

- III. Application Procedures:
 - A. An employee meeting the eligibility requirements for off campus training shall request to be considered for training through the employee's supervisor.
 - B. A request for off campus training (CMHC Form #542 Rev. 01/04) form must be completed by the employee and approved by the employee's Program Director.
 - C. After approval by the program director, the request form is forwarded to the Clinical Director and/or Chief Executive Officer for approval.

- IV. Procedures Subsequent to Off Campus Training:
 - A. The employee provides documentation upon completion of training to the CMHC's Human Resources Department of his/her participation in off campus training. Human Resources updates the employee's training record accordingly.

ATTACHMENT:

- I. Request for Off-Campus Training/Education CMHC Form #542 (Rev.01/04)

- II. Course/Program Description: CMHC Form #747 (Rev.02/04)

Chief Executive Officer

Date

Committee Chair

Date

Community Mental Health Center of East Central Georgia
Staff Development Department

REQUEST FOR OFF CAMPUS TRAINING

Name: _____

Work Area: _____ Work Phone: _____

Job Title: _____ Date of Employment: _____

Highest Level of Education: _____ Length of Employment: _____

1. Program/Course Title: _____

2. Your reason(s) for requesting this training: _____

3. Where will the training be offered? _____

4. Date and time training begins and ends? _____

5. How will this training benefit the CMHC?

6. How and when will you share information upon return to workplace?

7. Last off-campus training attended: _____

8. Is this a PMF recommendation? _____ Yes _____ No

11. APPLICANT COMPLETES THESE SECTIONS:		DIRECTOR/FACILITY ADMINISTRATOR COMPLETES THESE SECTIONS:	
REQUESTED NEEDS:	INDICATE MONETARY AMOUNTS REQUESTED	APPROVED	DISAPPROVED
Registration Fee	\$		
Travel State Vehicle			
Personal Vehicle	\$		
Common Carrier	\$		
Subsistence Motel	\$		
Meals	\$		
Time Only (Attach Brochure)			

Your Signature: _____ Date: _____

The funds for the requested Training are budgeted and available:

YES NO

The Training Request is approved:

YES NO

Reason(s) for Disapproval:

Supervisor _____ Date: _____

Program Manager _____ Date: _____

The Training Request is approved:

YES NO

Reason(s) for Disapproval:

Chief Executive Officer: _____

Signature

Date

Or

Clinical Director: _____

Signature

Date

Notification to applicant occurred on: (Date) _____ CMHC

Form #542 (Rev. 04/05)