**HR-29 VDH TRAINING REQUEST FORM**

*Below to be completed by requesting employee:*

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| 1. **EMPLOYEE INFORMATION** |
| Employee Name: Click or tap here to enter text. |
| Position #: Click or tap here to enter text. |
| Employee ID#: Click or tap here to enter text. |
| Role code: Click or tap here to enter text. |
| Employee duties (attach current Employee Work Profile): Click or tap here to enter text. |
| Supervisor Name: Click or tap here to enter text. |

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| 1. **PROGRAM INFORMATION** |
| This request is:  Agency Initiated  Employee Requested |
| Type of Education or Training requested: Resident Study (must complete Section IV of this form) During Hours Study (Credit) During Hours Study (Non-credit) Training Afterhours Study |
| Course Title: VA/MD WIC Dietetic Internship |
| Education or Training Provider: Kailyn Stanley, MPH, RDN, CBS |
| Address: 109 Governor Street, 8th Floor |
| Phone: 804-864-7832 |
| Dates of Course: 9/20/2021 To 8/12/2022 |
| Course Description: Dietetic Internship |
| Benefit to Agency; How is this training or education relevant? A dietetic internship program is an educational requirement needed to achieve the eligibility standard set forth by the Academy of Nutrition and Dietetics (AND) and the Commission on Dietetic Registration (CDR) to sit for the Registration Examination for Dietitians. The internship seeks to develop a well-rounded Registered Dietitian Nutritionist (RDN) with an emphasis in publich health nutrition. |

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| 1. **ASSISTANCE REQUEST** |
| Request Type:  Tuition Reimbursement  Training Registration  None  Other: Request approval for paid educaitonal leave |
| Estimated Associated Costs: Click or tap here to enter text. |
| Cost of Education or training Course: $6,550 (resource fee paid by OA grant) |
| Automobile:  Mileage Rental Car Fees |
| Meals: Click or tap here to enter text. |
| Lodging: Click or tap here to enter text. |
| Is licensure or certification a requirement of the position?  YES  NO |
| Does the requested training result in licensure or certification?  YES  NO |
| Is the course or program subsidized by any other resource (e.g. veteran’s educational payments, scholarships, and grant-in-aid)?  YES  NO |
| Does the training require books, supplies, equipment, or any other materials?  YES  NO  If yes, cost: Provided by internship |
| Total Amount of Request: $6,550 |

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| 1. **EDUCATIONAL LEAVE** |
| Request approval for paid Educational Leave  If paid educational leave is requested for resident study, consideration of the request is contingent upon the employee being unconditionally admitted to the instructional provider for the type of study requested. |
| First date of Educational Leave: 9/20/2021 |
| Date returning to work: 8/12/2022 |
| Total number of work days missed: 150 |
| To determine the value of your educational leave, divide annual gross salary by 52, divide the result by the number of days in your work week, multiply the result by the total number of days missed while on educational leave.  Value of Educational Leave: Click or tap here to enter text. |
| For resident study, a complete program of courses including course sequence and dates of each course is attached:   1. Title of Degree: Click or tap here to enter text. 2. Pre-requisites: Click or tap here to enter text. 3. Total number of credit hours required for degree: Click or tap here to enter text. 4. Date of enrollment in first semester: Click or tap to enter a date. |

*Completed HR-29 VDH Training Request Forms must be submitted to Office of Human Resources (OHR) via workforcedevelopment@vdh.virginia.gov*

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*Below to be completed by Workforce Training and Development (WTD) in Office of Human Resources:*

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| 1. **WTD RECOMMENDATION AND APPROVAL** |
| Date of Employment: Click or tap to enter a date. |
| Do program/class objectives develop and strengthen skill-set(s) required within the current position?  YES  NO |
| Has the employee completed the probationary period? YES NO |
| Current Performance Evaluation status: Extraordinary Contributor Contributor Below Contributor |
| Payband/Salary: Click or tap here to enter text. |
| Amount/Type/Date of Bonus, Recognition, or In-Band Adjustment in the prior 24 months:  Click or tap here to enter text. |
| Previous Training & Education requests (and if that request was approved or denied):  Click or tap here to enter text. |

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*Below to be completed by requesting employee.*

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| 1. **Terms/Conditions of Repayment** |
| VDH agrees to pay the total cost indicated in Section III of this form for the education or training, associated costs and educational leave described in this document subject to the conditions listed in this agreement. By signing this form, the employee agrees to all terms and conditions herein. This agreement is also governed by the laws of the Commonwealth of Virginia and applicable provisions of the State and VDH policy. The Virginia Department of Health retains the right to cancel the education or training described herein at any time.   1. Employees receiving financial assistance and/or education leave for employee requested education/training totaling $1000 or more are required to complete the amount of full-time salaried employment indicated below. These periods of time commence with the first workday following the completion of education, training or educational leave (proof of completion must be provided).    1. $0-$999 = no VDH employment obligation    2. $1,000 to $1,999 = 6 months VDH employment obligation    3. $2,000-$2,999 = 12 months VDH employment obligation    4. >$3,000 = 18 months VDH employment obligation 2. If the employee does not complete the employment period stated in Section VI, A of this form (for reasons including voluntary separation from VDH, voluntary transfer to a VDH job not directly related to this training, disciplinary action, and/or unsatisfactory job performance0, the employee agrees to repay VDH all or a portion of the total cost specified in Section III of this form plus interest on that amount at the applicable legal rate of interest according to the Code of Virginia, compounded annually from the date of default. The amount to be repaid shall be prorated on a monthly basis such that for each full month during which the employee remained in qualifying employment with the VDH, the amount to be repaid shall be reduced by the corresponding fraction of the total cost of Section III of this form (i.e., for an employee owing six months but working only one, the amount to be repaid shall be reduced by 1/6th; for an employee owing 12 months but working only one, the amount to be repaid shall be reduced by 1/12th, etc.). 3. If the employee does not compete the employment period stated for reasons not listed, VDH may require the employee to repay all or part of the total cost of training indicated in Section III of this form plus interest on that amount at the legal rate of interest according to the Code of Virginia compounded annually from the date of default. The reason for non-completion will be reviewed by VDH on a case-by-case basis. 4. If the employee begins but does not successfully complete the training described herein, he/she may be required to reimburse the VDH for the total cost listed in Section III of this form plus interest on that amount at the legal rate of interest according to the Code of Virginia compounded annually from the date of default. The reason for non-completion will be reviewed by VDH on a case-by-case basis. 5. In the event: 1) the employees educational leave is revoked for not successfully completing the course requirements including any accompanying examinations or certifications by Click or tap to enter a date. , or 3) the employee does not receive the degree or become eligible to receive the degree (when applicable) by Click or tap to enter a date. , the employee will have defaulted on his/her obligation under this agreement. In this case VDH will require the employee to repay all or part of the total cost described herein as determined by the Commissioner of Health plus interest on that amount at the applicable legal rate of interest according to the Code of Virginia compounded annually from the date of default. 6. If the employee is required to repay the all or part of the total cost tot eh agency indicated in Section III of this form, and it becomes necessary for VDH to institute legal action for recovery of the amount, the employee agrees to pay costs of legal action, including attorney’s fees. 7. If the employee is placed on leave without pay layoff status, he/she will not be required to repay VDH for any training that has been received prior to the layoff effective date. 8. I the employee, have read Section IX of this form and understand that my employment obligation to VDH is:   Agency Initiated education/training:  No VDH employment obligation  Employee Initiated education/training:  $0-$999 = no VDH employment obligation  $1,000 to $1,999 = 6 months VDH employment obligation  $2,000-$2,999 = 12 months VDH employment obligation  >$3,000 = 18 months VDH employment obligation  Employee Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **Demand Note (for employee requested training only)** |
| On demand, subject to the provisions of the Department of Human Resource Management policy governing Educational Leave for State Employees and this form, I promise to pay the Commonwealth of Virginia, at the Office of the State Health Commissioner, a principal sum not to exceed $XXXXX (amount from Section III of this form) plus interest on that amount at the applicable legal rate of interest according to the Code of Virginia, compounded annually from the date of default. The principal sum shall be prorated in accordance to the amount of employment service actually provided during the payback period. This obligation is executed in consideration of benefits received and to be received by the undersigned, an employee of the Commonwealth of Virginia under the provisions of above cited Regulations.  Upon completion of the payback period of full-time employment referred to in Section VI, A of this form, your obligation will be considered discharged and this demand note will be cancelled.  I have read and understand Section VII of this form. Employee initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **SIGNATURES** |
| Employee’s Signature: Date: |
| Supervisor’s Approval:  Approved Denied Returned to Originator for additional information  Comments: Click or tap here to enter text.  Typed name: Click or tap here to enter text.  Supervisors’ Signature: Date: |
| Division Director’s Approval:  Approved Denied Returned to Originator for additional information  Comments: Click or tap here to enter text.  Typed name: Click or tap here to enter text.  Division Directors’ Signature: Date: |
| District/Office Director’s Approval:  Approved Denied Returned to Originator for additional information  Comments: Click or tap here to enter text.  Typed name: Click or tap here to enter text.  District/Office Directors’ Signature: Date: |
| Committee Chair’s Approval:  Approved Denied Returned to Originator for additional information  Comments: Click or tap here to enter text.  Typed name: Click or tap here to enter text.  Committee Chair’s Signature: Date: |