## Career Plan

Permanent management group employees will have the opportunity to identify their career goal at Victor Valley College through this program. The employee, in cooperation with his/her supervisor, Human Resources representative, and/or counselors, will formulate a plan for reaching his/her career goal at Victor Valley College. **Career plans will be accepted for review on October 30 and May 30 of each fiscal year.** The career plan should focus on qualifying for a position at the college. The plan must specifically define course work, degrees, and mentoring opportunities, which will prepare the employee for his/her career goal. Specific time lines for completion must be supplied. Where necessary, the plan is to be updated or revised to reflect career goal changes. The official career goal plan is to be retained in the office of Human Resources.

Each career plan must contain the following:

- Career goal(s)
- Education plan (which may include degrees, certificates or internships)
- Time lines for completion
- Estimated costs for entire plan
- Educational/Professional Training Leave (if applicable)
  - How it fits into the overall career plan
  - o Educational/Professional Training Leave Request Form
- Mentoring (if applicable)
  - How it fits into the overall career plan
  - Mentoring Request Form
- Employee's signature
- Signature of individual who assisted employee in formulating career plan

Once all this information is compiled, copies must be sent to the employee's supervisor and to Human Resources. The Upward Mobility Committee will meet to review the career plans and will forward their recommendations to the Superintendent/President within two weeks.

#### Career Plan Checklist

Employee's Name

Date

I am submitting the following documents to the Upward Mobility Committee for their review and approval. (Please check the documents listed below which you have attached to this form)

\_\_\_\_\_ Career Goal(s)

\_\_\_\_\_ Education Plan

——— Time lines for completion

- ——— Educational/Professional Training Leave Request Form
- \_\_\_\_\_ Mentoring Request Form

Employee's Signature

Advisor's Signature (Supervisor, Counselor or HR Representative)

Attachments

CC: Supervisor, Human Resources

Committee Approval Form

Employee's Name	Date
The Upward Mobility Committee has reviewed your requ	lest for upward mobility. Your request
for upward mobility is:	
Approved Pending Budget Availability	
——— Approved Pending Clarification of	
—— Not Approved	
Comments	
Committee Signatures:	
Rocio Chavez, Senior Human Resources Analyst	_ Date
Patricia Ellerson, Dean, School of Business, Law & Academic Resources	Date
Elizabeth Duarte, Director, Special Grant Programs, Upward Bound	Date
Monica Martinez,	Date
Shawntee Milton, Director, Fiscal Services	Date
*****	****
FINAL AUTHORIZATIONCONCUR	DISAGREE
	Date

Superintendent/President

## College/University Classes

This form is to be used only when classes are taken during the employee's scheduled work hours. A new form must be completed each semester/quarter.

Employee's Name		Date	
Semester/Quarter _	Beginning on	and ending on	
Scheduled Classes:	Name of Course	Day(s) and Time of Course	

I am requesting time off from my current work schedule to take the course work listed above. I have agreed to the following rescheduling of my work hours, so that I may attend the classes indicated above.

Employee's Signature

College/University Classes

With pre-approval of their supervisor on District forms, employees will be reimbursed for the cost of required books, course materials, and registration fees upon satisfactory class completion with a grade of "C" or better. The classes may be taken at VVC and /or any accredited four year college or university which is part of the employee's career plan. Fees may not exceed those currently in effect at California State University, San Bernardino at the time of enrollment.

Procedures for Reimbursement:

- Complete the Upward Mobility Requisition form available at the Office of Human Resources.
- Attach a course description, syllabus or other official document indicating the materials and books that were required for each class you have taken.
- Include a grade report for each class.
- Include receipt(s) for all materials and books required for each class.
- Include receipt for registration fees/tuition.

# REIMBURSEMENT OF EDUCATIONAL EXPENSES MAY BE SUBJECT TO STATE AND FEDERAL TAXES

# Mentor/Job Shadowing Request Form

Employee's Name	Date
I am requesting the opportunity:	
To be mentored	
——— To participate in job shadowing	
The individual I wish to be my mentor or to job	shadow is:
Mentor/Job Shadower's Name	Title
Frequency:	
<sup>1</sup> / <sub>2</sub> day per week	
1 day per Week	
Time Frame:	
To begin on	and to end on
Employee's Signature	Supervisor's Signature
Mentor/Job Shadower's Signature	Signature of Mentor/Job Shadower's Supervisor

Training Leave Request Form

Employee's Name	Date
I am requesting Educ	ational/Professional Training Leave for:
	9-12 months at 80% of the managers regular pay
	Less than 9 months at the managers regular pay
To begin on	and to end on

If my request for Educational/Professional Training Leave is approved, I agree to continue employment with Victor Valley College for at least two years after returning to service or return the compensation. I also agree to file a bond with the District, which shall enable the District to reclaim any remuneration granted to me while on leave, in the event I do not return to work and continue my employment for two years.

Employee's Signature

Board Approval Date\_\_\_\_\_