


**GUAM MEMORIAL HOSPITAL AUTHORITY
HUMAN RESOURCES MANUAL**

APPROVED BY:  THEODORE M. LEWIS Interim Hospital Administrator/ CEO	RESPONSIBILITY: Human Resources Education	EFFECTIVE DATE: 8/89	POLICY NO. 8650-1.209	PAGE 1 of 9
TITLE: SPECIAL STAFF DEVELOPMENT PROGRAMS				
LAST REVIEWED/REVISED: August 2009, 2015				
ENDORSED: EMC 2015				

POLICY:

These standard policies and procedures govern the administration of the Authority's Special Staff Development Program.

It is the policy of the Guam Memorial Hospital Authority to enhance and/or develop full-time permanent classified employee competencies that are in the Authority's interest.

GENERAL ADMINISTRATION:

The Special Staff Development Program shall be administered by Staff Development Committee whose membership will be appointed by the Hospital Administrator and Chaired by the Personnel Services Division.

The Special Staff Development Program Committee, as delegated by the Hospital Administrator, shall be responsible for the overall administration of the program. The committee shall recommend its selection to the Hospital Administrator for concurrence and forwarded to the Board of Trustees for final approval and authorization.

PROGRAM COMMITTEE:

The Special Staff Development Program members shall be appointed by the Hospital Administrator, and shall represent Human Resources, Administration, Fiscal, Operations, Nursing and Professional Support Services.

A) Duties and Responsibilities of the Special Staff Development Program Committee:

1. The committee shall consider the following when establishing staff development program priorities:
 - a) The availability of Funding – Hospital must have the financial resources available to support the program.
 - b) Staff development is consistent with the need of the Authority as it relates to the Mission and Strategic Plan.
2. Staff development is consistent with staff function and career advancement.
3. The committee shall be responsible for reviewing all requests for special staff development activities and making recommendations.
4. The committee shall establish eligibility requirements.
5. The committee shall submit all recommendations to the Hospital Administrator, for final approval and authorization by the Board of Trustees.
6. The committee shall meet quarterly to determine progress of each program participant.
7. Committee members shall be excused from participating in review of candidates who may have a nexus in close working relationship. (ie., supervisory capacity, division/department head capacity, or close friend and/or relative of candidate).

8. The committee shall keep the Administrator abreast of all matters.

DETERMINATION OF SPECIAL STAFF DEVELOPMENT NEEDS OF THE AUTHORITY:

1. The Special Staff Development Program shall review and consider the following when determining employee and Authority need:
 - a) to meet new requirements
 - b) to meet specific needs
 - c) to upgrade quality of public service
 - d) Obligation to provide opportunity for growth and development.

CRITERIA:

The Special Staff Development Program shall implement the following criteria:

- a) Program Eligibility – Determine the priority level of program available for full-time employees.
- b) Determine types of Special Staff Development Program covered and not covered under this policy.
- c) Determine whether the need for staff development can be met off-island or on-island.
- d) Preference will be given to area of critical need within the Authority.

1. PROGRAM ELIGIBILITY: (Order of Priority/Consideration)

- a) The committee shall give priority to full-time employees who have at least five (5) years minimum service with the Authority.
- b) The committee may consider full-time employees with a minimum of one (1) year of service with the Authority for a combined five (5) years government service only if item A does not apply.
- c) The committee may consider full-time employees with less than five (5) years of service only if item A and B do not apply.

2. TYPES OF PROGRAM COVERED:

The following are identified as being covered under the Special Staff Development program. Participants must submit the duration of the program applied for upon submission of the application.

- a) University of Guam (UOG) Nursing Program – must have met general education requirements and have completed the pre-requisites for the required program.
- b) Nursing Training Scholarship
- c) Semester driven courses – must be work related (no more than (2) classes within a semester or session.
- d) Diploma or Certificate program
- e) On-line undergraduate programs related to job or work enhancement
- f) Hospital-based LPN program or other community LPN programs.
- g) Master's Program.
- h) NCLEX-RN Review Course (In-house GMHA ONLY)
- i) Community training programs that are ancillary to the profession (examples: Nurse Assistants, Technicians, etc)
- j) Pedro "Doc" Sanchez Scholarship Program – program acceptance will be required – program requirement differ from Authority program. Acceptance into the "Doc" program

does not automatically qualify the applicant. Must still meet eligibility criteria and compete with other applicants.

Should the participant require an extension of their program, the participant must request to meet with the Special Staff Development committee at least sixty (60) days prior to the end date of their program. Failure to request, shall constitute a default on the program by the employee.

3. TYPES OF PROGRAM NOT-COVERED:

- a) Professional certification and/or licensure courses (ie., National Certification, Guam Certification and/or Licensure required for job requirement)
- b) Medical and/or extension of Medical career and PHD's stipends.
- c) Summer session classes will not be considered under this program.
- d) The applicant may not substitute classes that are not approved by the program.

4. TUITION RE-IMBURSEMENT:

Applicant must submit and meet the eligibility criteria set forth in the application process prior to consideration for re-imbusement.

Applicants who elect to take courses without obtaining approval may submit receipts for tuition re-imbusement provided that the applicant submit the request within the next "Solicitation of Interest" period. This approach is not recommended as re-imbusement request may or may not be entertained.

5. FUNDING/ FINANCIAL ASSISTANCE:

- a) It is the applicant's responsibility to disclose and provide the committee proof that he has exhausted all forms of financial funding available to him. (ie., grants, loans, partial-scholarship, recipient of grant/foundation, etc.)
- b) Failure to disclose financial assistance from any source, ie., grants, loans, may be grounds for disqualification from the application Process.

ANNOUNCEMENT PROCESS:

The Special Staff Development Program committee shall establish the following selection process:

- a) The Human Resources Division shall establish a Departmental "Solicitation of Interest" announcement based on the policy guidelines.
- b) Establish an Announcement period with a 60 day minimum posting. Posting to meet the FALL deadline shall commence March 1st thru April 30th ; and August 1st thru September 30th to meet SPRING deadline.
- c) The committee shall complete its recommendation within 30 days after closing and submit to the Hospital Administrator.
- d) The approved recipients shall be awarded within 45 days of the close of the announcement period.
- e) Request for program consideration will not be accepted outside the "Solicitation of Interest" announcement period.

APPLICATION FORM:

The Special Staff Development Program committee shall establish an application form (attached). The application packet can be obtained from the Human Resources Office upon the effective date of the "Solicitation of Interest" announcement period.

PROGRAM PARTICIPANT DEFAULT POLICY:

The committee shall monitor the academic grade point average, attendance, financial funding disclosure to determine that the employee is in full compliance with the program.

The program participant shall be terminated from the program and shall be obligated to reimburse the Authority for all expenses incurred should any of the following occur:

- a) Failure to maintain an overall GPA of 3.0 or better per grading period.
- b) It shall be the participant's responsibility to provide copies of grades/progress notes from degree program, certificate of completion, etc. per grading period. Failure to submit may result in the termination from the program.
- c) An employee on the program who defaults due to an illness of thirty (30) consecutive days or more or per course requirement, and/or (temporary) medical disability must be certified by the employee's attending physician and concurred by Employee Health Physician or designee. An official withdrawal authorization from the college or university must be provided. The committee upon review of employee's documents may recommend to the Authority to waive the obligation. However, failure to provide the required documents to the program committee shall result in non-compliance and will be subject to pay back the Authority for all expenses incurred.
- d) When a participant is terminated or resigns from the Authority while in the program, the participant is obligated to reimburse the Authority for all program expenses incurred. All expenses paid by the Authority shall be paid back by the employee upon the employee clearance. Should the employee owe more than what should be cleared from the final check, the employee must seek alternative routes to pay back the Authority.
- e) An employee who defaults for non-compliance in the program for any reason other than item A shall be obligated to reimburse the Authority for all program expenses incurred.
- f) Upon the default and termination of the participant from the program, all administrative and/or educational leave granted shall be recovered and deducted through the employee's regular annual leave accrual. However, if participant does not have enough annual leave to cover the hours taken, an hourly assessment shall be calculated based on the per hour wage the employee earned at the time of the program.
- g) When an applicant all and/or in-part fails to disclose financial funding sources either before or after the approval of his/her application process.
- h) The employee is found participating in outside employment during the authorized program period.
- i) Suspension or dismissal from the University or College.
- j) Conviction of a felony.
- k) Upon termination from the program, the employee shall be obligated to pay back all "Administrative Paid Leave" hours granted to the employee. The "annual Leave" hours shall be used to pay back the "Administrative" leave granted.
- l) The participant shall not have any adverse action, reprimand, letter of warning, etc. during the program participation. This action may be cause for termination in the program. The participant must have high morale standing throughout the program period.

The participant shall reimburse the Authority within thirty (30) days upon termination from the program, except for item (D). If the participant is unable to reimburse the Authority within thirty (30) days, the participant must enter into a "Promissory Note" agreement within the thirty (30) days timeline and such agreement shall not exceed a period of one year. The Hospital Administrator at his discretion, may extend the "note" beyond the one year.

In case of suit to collect any part of amounts due from employee by reason of his breach of contract, employee shall pay such additional sum as the court shall deem reasonable as attorney's fee and court cost in such suit.

LEAVE STATUS WHILE ON PROGRAM:

The employee is required to register early and shall schedule the approved courses after the employee's work hours:

1. If the course is scheduled only during the employee's work hours, then the employee shall be placed on approved Administrative Leave status. The employee must show proof that all efforts to enroll in the after work hours have been satisfied. A copy of the class schedules for that enrollment period shall be provided to the Authority by the employee.
2. The employee shall be granted half-hour travel time to and from school before the onset of the scheduled class.
3. Employee that do not wish to return to the office within one hour of the next scheduled class shall be required to sign annual leave.
4. The employee shall be required to submit a monthly report to the Special Development Program committee showing the time accountability to and from school. The employee's immediate supervisor shall validate the report by his/her signature.

Granting the Administrative Leave request:

1. The recipient may be granted up to 20 hours per week of Administrative time off provided that the recipient maintains the work schedule of 20 hours of work time per week as scheduled and approved by the immediate supervisor.
2. Administrative leave will be granted for no more than two (2) classes within a semester/session.
3. The committee shall make its best efforts to ensure that Administrative Time off is granted to participants who do not abuse the Annual leave policy.

Discontinuance of Administrative Leave:

1. The participant shall be removed from Administrative leave status when he/she fails to perform 20 hours of work time per week (the participant cannot exceed a combine total of annual/sick leave request of 56 hours for the authorized semester. In the event that compelling circumstances occur, the committee shall make a determination and report back to the participant if its decision.
2. The Hospital Administrator may cancel Administrative leave when he/she fails to adhere to the terms of the Staff Development agreement.
3. The participant fails to maintain a 3.0 GPA for each semester.
4. The HR Department shall monitor the participants hours of work through access from the HR Master module.

Repayment of Administrative Leave:

1. The total number of Administrative Leave time shall be paid back by converting the Administrative leave to Annual Leave upon breach of this agreement.
2. The Total number of Administrative Leave time shall be paid back when the participant is terminated or removed from the program.

OUTSIDE EMPLOYMENT:

The employee shall be prohibited from any outside part-time employment.

PARTICIPANT PROGRAM/SERVICE OBLIGATIONS:

1. The employee must maintain a grade point average (GPA) of 3.0.
2. The employee shall maintain full employment status throughout the duration.
3. The employee shall authorize the Authority to verify the employee's training status with the educational institution, to include access to transcripts and instructor comments on the student.
4. The employee shall agree to grant consent to the training institution to transmit to the Authority a report concerning his progress and attendance.
5. The employee upon completion and/or graduation from the program, shall serve the Authority with years of service pay back equated to education years completed under the Special Staff Development Program. That is, for every year of completed education, the employee is obligated to serve the Authority two (2) years of obligated service. The obligated service shall commence on the employee's full day back to work after completing the prescribed training.
6. Should the employee complete his training with quarters or half of the semester period, he shall be obligated to pay back at two (2) to one ratio.
7. Should the participant be off-island, the employee shall report to work on the first Monday following graduation from the program or submit a completed leave form not to exceed fifteen (15) working days. Exceptions will be handled by the employee's supervisor on a case-by-case basis and must be approved by the Hospital Administrator.
8. If the participant is on-island, the employee will be obligated to perform 20 hours per week work schedule or a regular 40-hours per week work schedule, depending on the program and the need of the Authority. The employee must work with their immediate supervisor to meet the work/school schedule.

AUTHORITY RESPONSIBILITIES:

1. The Authority shall ensure the employee retains his employment while undergoing staff development and continuously receives full employment benefits (ie., retirement, annual and sick leave, medical, dental and life insurance)
2. The Authority may pay for associated program fees (ie., admission applications, entrance exams, books, tuition, etc.) as deemed necessary by the Authority. The Authority shall monitor the employee's compliance with the grade point average requirement. The employee shall be placed on probation and must meet the academic standards prescribed herein. If the employee fails to comply with the grade point average requirement, the Authority will withdraw the employee from the program. The employee will be obligated to reimburse the Authority for all program expenses incurred on a pro-rated basis.

GUAM MEMORIAL HOSPITAL AUTHORITY
STAFF DEVELOPMENT PROGRAM
Application Form

Name: _____
 (First) (Middle) (Last)

E-mail address: _____

Mailing Address: _____

Home Address: _____

Telephone: _____
 (Home) (Work)

Department currently employed: _____ How long: _____

Present position: _____

(Please attach a copy of your present official job description)

Length of continuous service at GMHA: _____ Prior Government Service: _____

Last High School attended: _____ Last Grade Completed: _____

Date of Graduation/GED Certificate: _____

Colleges/Universities Attended:

Name & Address of College/University	Dates Attended	Major	Degree Earned

Intended Major: _____

Academic Scholarship, Awards, and/or Honors Received:

Type of Award Scholarship, and/or Honor:	Date Received:

Certification/Licenses: (include expiration date and copy):

Type of License/Certification	License Number and Expiration Date

Note to applicant:

Please include the following documents with your application:

1. Official transcript from your last school/college attended. (Entering Freshmen may use their completed high school transcripts.)
2. Three (3) "Letters of Recommendation". (Please do not use family members as references.)
3. Copy of all license(s) and/or certifications that are applicable to course you intended to study.

Are you currently a recipient of any student loan or scholarship? Yes []

No []

If yes, indicate type and date: _____

Applicant Statement: (*ATTENTION: Read the following certification and agreement before signing this application.*)

I, _____ hereby certify that all statements made on this application are true, complete and correct to the best of my knowledge. I understand that any false or dishonest answer to any question may disqualify my application. I hereby authorize any investigation of all statements made above, and any information as deemed necessary to make a proper decision.

SIGNATURE OF APPLICANT

DATE

ESSAY

Direction: Must be typed (double space) no more than 2 pages.

1. Please explain why you chose this course of study.
2. Please explain your intended career objectives and explain your intention after completion of study course.
3. Describe any activities or community services in which you are/were a participant.

FINANCIAL QUESTIONNAIRE

NAME: _____ Position Title: _____

Part A:

I am requesting for : (If requesting for Administrative Leave ONLY , please STOP here)	ADMINISTRATIVE LEAVE	FINANCIAL ASSISTANCE

Part B:

If requesting for Financial Assistance, please complete the following.

How many people are in your household?				
How many children do you support?				
Do you have children who receive more than half of their support from you?	YES	NO		
Do you have dependents other than you children/spouse who lives with you and who receive more than half of their support from you.	YES	NO		
As of today, what is your (and your spouse's, if any) current balance in cash, savings, and checking account?	Cash	\$ _____		
	Savings	\$ _____		
	Checking	\$ _____		
As of today, if any, what is the net worth of your investments, including real estate?	\$ _____			
As of today, if any, what is the net worth of current business and/or any investments?	\$ _____			
Have you made any attempt to apply for grants and/or other scholarships that may be available to you? (If Yes, please list)	YES	NO		
Have you made any attempt to apply for any loans to pay for your school? (If no, please explain)	YES	NO		
What is your marital status?	Single	Married	Divorce	Widow

Applicant Statement: *(ATTENTION: Read the following certification and agreement before signing.)*

I, _____ hereby certify that all statements made on this form are true, complete and correct to the best of my knowledge. I understand that any false or dishonest answer to any question may disqualify my application. I hereby authorize any investigation of all statements made below, and any information as deemed necessary to make a proper decision.

SIGNATURE OF APPLICANT

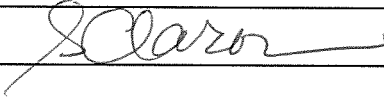

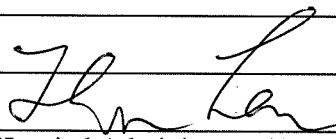
DATE

GUAM MEMORIAL HOSPITAL AUTHORITY

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and endorsed the following:

- | | |
|---|---|
| <input type="checkbox"/> Bylaws | Submitted by |
| <input type="checkbox"/> Rules & Regulations | Department/Committee: <u>Human Resources Department</u> |
| <input checked="" type="checkbox"/> Policies & Procedures | Title: <u>Special Staff Development Programs</u> |
| | Policy Number (if applicable): <u>8650-1.209</u> |

	Date	Signature
Reviewed	8/12/15	
Endorsed		
Title	Elizabeth M. Claros: Personnel Services Administrator	
Reviewed		
Endorsed		
Title	Associate Administrator, Operations	
Reviewed		
Endorsed		
Title	Theodore M. Lewis, Interim Hospital Administrator/CEO, EMC Committee	
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