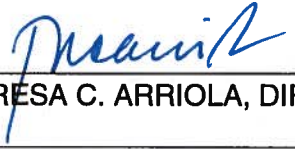


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: On/Off Island Training	POLICY NO: AD-HR-15	Page 1 of 2
RESPONSIBILITY: Human Resources		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: SEP 24 2019	
	LAST REVIEWED/REVISED: 9/24/19	

PURPOSE:

To provide guidelines for optional trainings and professional development provided to personnel and funded by Guam Behavioral Health and Wellness Center (GBHWC).

POLICY:

- A. Training and professional development that does not exceed thirty (30) days is highly recommended for all employees to further their knowledge, skills, and abilities. All employees are encouraged to participate and attend training and professional development that is related to their current position to strengthen the capacity for providing services.

- B. All employees (classified, unclassified, Limited Term Appointments, etc.) who separate by resignation from GBHWC prior to completing one (1) year of service, after attending training and/or professional development paid for by GBHWC or by the federal grants which GBHWC is responsible for, shall pay back or reimburse GBHWC of prorated expenses (see table below) for the cost of training, flight(s), per diem, and any other applicable or related expense. All on-island TOT reimbursement costs will equal to the total cost of the trainer divided by the number of attendees. The training reimbursement or payback may be waived at the Department Head/Appointing Authority's discretion. Trainings that require reimbursement include the following:
 - 1. All off-island trainings, meetings, or conferences
 - 2. All on-island Training of Trainers (TOT)

- C. The direct supervisor will recommend the training or professional development to their employee(s) and must obtain approval from the Director's Office prior to preparing the Travel Authorization and/or Purchase Orders. The employee must sign the *On/Off Island Training Agreement* that will indicate the cost and dates of training, cost of flight(s), amount of per diem, and any other applicable or related expenses that GBHWC is to expend for the employee to attend the training or professional development.

- D. The following sliding scale table will be used to determine the amount of money to be reimbursed to GBHWC or to be paid back by the employee, in the event the employee separates by resignation before working twelve (12) months after the completion of training and professional development:

MONTHS WORKED AFTER COMPLETION OF TRAINING	REIMBURSEMENT %	TOTAL AMOUNT (Training, Flight, Per Diem, etc.)
0	100%	Whole Amount is Due
1	91.6%	Of Net Balance
2	83.3%	Of Net Balance
3	74.9%	Of Net Balance
4	66.6%	Of Net Balance
5	58.2%	Of Net Balance
6	49.9%	Of Net Balance
7	41.5%	Of Net Balance
8	33.2%	Of Net Balance
9	24.9%	Of Net Balance
10	16.6%	Of Net Balance
11	8.3%	Of Net Balance
12+	0%, if the employee worked all 12 months	\$0, if the employee worked all 12 months

PROCEDURE:

A. Requesting to Attend Training and Professional Development

1. The attendee's direct supervisor must submit a request via email or by filling out a *Training Request Form* for approval from the Director's Office. If request is sent via email, all information indicated on the form must be included.
2. The Director's Office will review the request and inform the direct supervisor the result of the request within two (2) business days.
3. Once approved, the direct supervisor will meet with the attendee to discuss and sign the *Training Agreement*, prepare leave forms, and attach supporting documents (e.g. agenda, flyer, registration, etc.).
4. Once the Agreement is signed, the direct supervisor will submit the *Training Agreement*, leave forms, and supporting documents to the Financial Office to prepare the Travel Authorization and Purchase Orders, if applicable.
5. Once all arrangements are completed, the Financial Office will give Human Resources personnel the *Training Agreement* to file in the attendee's personnel jacket.

B. Re-imbusement or Payback of Expenses

1. The attendee shall obtain the following information:
 - a. The account number to be properly credited. (This can be found by contacting GBHWC Financial Office or the section responsible for the training.)
 - b. The receipt of expenses (This can be obtained from the Department of Administration- Division of Accounts.)
2. The attendee will submit a check payable to the Treasurer of Guam indicating the account number to be credited.
3. Once paid, the attendee must submit a receipt to the Financial Management Office and the section responsible for the training.

ATTACHMENT(S):

F-AD-HR-15.1 Training Request Form

F-AD-HR-15.2 Training Agreement



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TRAINING REQUEST

TO BE FILLED OUT BY SUPERVISOR

Supervisor Name: _____ Date of Request: _____

Name of attendee(s):

Title of Training: _____

Date of Training: _____ Location: _____

Training provided by: _____

Target audience: _____

Funding Source: _____ Estimated cost of training: _____

How is the training relevant to your program and the overall mission of Guam Behavioral Health and Wellness Center?

Supervisor Signature & Date

TO BE FILLED OUT BY DIRECTOR/DEPUTY DIRECTOR

APPROVED Comments: _____

DENIED Comments: _____

Director/Deputy Director Signature & Date



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TRAINING AGREEMENT

TO BE FILLED OUT POST-APPROVAL

SECTION I - STATEMENT OF INTENT

It is Guam Behavioral Health and Wellness Center's (GBHWC) intention to provide employees with required training. Certain training provided *on-/off-island* will require the employee to read and acknowledge this agreement, which states that GBHWC is providing *on/off-island* training, _____, at no cost to the employee. However, if an employee who received *on-/off-island* training departs from the company within one year from the date of the training will be obligated to reimburse GBHWC for cost incurred during the period of training as determined by the schedule below. The circumstances resulting in their departure will be reviewed and evaluated with decision determined by management.

SECTION II - EMPLOYEE ACKNOWLEDGEMENT OF TRAINING AGREEMENT

I, _____, understand that I am offered the opportunity to attend job training *on-/off-island*. I also agree that I will incorporate this training into my daily responsibilities upon completion. I also understand that by signing this agreement I am agreeing to the terms and conditions of above. I understand that the training is at no cost to me but if I depart the company within one (1) year from the completion date of the training, I will be responsible to reimburse the training costs incurred as determined by the schedule shown below, or any other applicable cost as a result of the training I received.

MONTHS WORKED AFTER COMPLETION OF TRAINING	REIMBURSEMENT	AMOUNT
0	100%	Whole amount is due
1	91.6%	Of net balance
2	83.3%	Of net balance
3	74.9%	Of net balance
4	66.6%	Of net balance
5	58.2%	Of net balance
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I have read and understand the above provided information and hereby acknowledge.

EMPLOYEE SIGNATURE & DATE: _____

DEPARTMENT/DIVISION: _____

TITLE OF TRAINING: _____

DATE(S) OF TRAINING: _____ LOCATION OF TRAINING: _____

ESTIMATED COST OF TRAINING: _____

(This amount is subject to change. If training is off-island, final cost will be known once your flight is ticketed.)

ACKNOWLEDGED BY:

ADMINISTRATOR: _____ DATE: _____

DIRECTOR / DEPUTY DIRECTOR: _____ DATE: _____

HUMAN RESOURCE MANAGER: _____ DATE: _____



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REVIEW AND ENDORSEMENT CERTIFICATION

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


Policy Title: On/Off Island Training/Professional Development

Policy No: AD-HR-15

Initiated by: Human Resources

Date	Signature
9/20/2019	

Maelei Rose Sampson
Human Resources

Date	Signature
SEP 20 2019	

Carissa Pangelinan
Deputy Director