

# WORK STUDY APPLICATION CHECKLIST

TRAINING SERVICES DIVISION, OFFICE OF HUMAN RESOURCES

- THE EMPLOYEE AND SUPERVISOR HAVE READ AND UNDERSTAND THE GUIDELINES AND RESPONSIBILITIES
- THE APPLICATION PACKET MUST SUBMITTED TO TSD 30 DAYS PRIOR TO COURSE START DATE
- Work Study Procedures Participant Review Checklist
- Copy of signed letter of participation approval by supervisor on business letterhead.
- The class hours I submit for approval must be within my regularly scheduled hours that are listed in Workday.

**INITIAL APPLICATION PACKET CHECKLIST – ONLY CHECK ITEMS HERE FOR INTIAL REQUEST NOT SUBSEQUENT**

- Copy of Certificate of Completion for Work Study Guidelines HUB Course: Applicant, Supervisor, HR Rep if required
- Proof of Educational facility’s U.S. Department of Education Accreditation documentation (One page if possible).
- Career Development Plan** – completed and signed by employee and supervisor. **Copy of courses required to earn a degree or certificate for the specified program. (Due only once)**
- MDH **Work Study Program Application** – filled out completely and signed, with correct schedule and hours totaled. Completed and signed by employee and supervisor.
  - Copy of the (Internet or catalog) college course description (not a student schedule) for each course listed on the application which includes date(s) and time(s) for each class.
  - Copy of signed letter of acceptance into a specified program from an educational institution or facility on business letterhead.
  - If participating in an internship, grant assistantship or practicum/clinical, a signed letter regarding acceptance into the program is required from the institution/facility.
- Obligated Service Agreement** – completed and signed by employee and supervisor.

**SUBSEQUENT APPLICATION PACKET CHECKLIST**

- Academic Progress Form** – Must be submitted **prior to subsequent application submission to continue participation.**
  - Copy of the official transcript or a certificate from the educational facility listing the course(s) and grade(s) is required.
  - Letter from facilitating verifying internship/clinical completion.
  - Copies of any remaining timesheets required for session completed.
- U.S. Department of Education Accreditation proof of documentation **only if attending a different facility.**
- Career Development Plan – **only if the career plans changes.**
- MDH **Work Study Program Application** – filled out completely and signed, with correct schedule and hours totaled. Completed and signed by employee and supervisor.
  - Copy of the (Internet or catalog) college course description (not a student schedule) for each course listed on the application which includes date(s) and time(s) of class(es).
  - Copy of signed letter of acceptance into a specified program from an educational institution or facility on business letterhead.
  - If participating in an internship, grant assistantship or practicum/clinical, a signed letter regarding acceptance into the program is required from the institution/facility.
- Obligated Service Agreement** – completed and signed by employee and supervisor.

**EMPLOYEE OFFICE APPROVALS**

|  |                                       |             |
|--|---------------------------------------|-------------|
| <b>PRINT APPOINTING AUTHORITY NAME &amp; TITLE</b> | <b>Appointing Authority Signature</b> | <b>Date</b> |
|  |                                       |             |
| <b>PRINT SUPERVISOR NAME &amp; TITLE</b>           | <b>Supervisor Signature</b>           | <b>Date</b> |
|  |                                       |             |
| <b>PRINT EMPLOYEE NAME &amp; TITLE</b>             | <b>Employee Signature</b>             | <b>Date</b> |
|  |                                       |             |

+++++ **MDH USE ONLY** +++++

|  |   |                              |
|--|---|------------------------------|
| <b>APPROVER/TRAINING SERVICES DIVISION:<br/>SIGNATURE:</b> | <b>DATE:</b>  |                              |
|  | 201 W. Preston Street, Room 106,<br>Baltimore, Maryland 21201 | Phone Number<br>410-767-1605 |

# WORK STUDY PROGRAM PARTICIPANT PROCEDURES CHECKLIST

TRAINING SERVICES DIVISION, OHR

**This checklist is to inform you of some (does not include all) important requirements for the Work Study. This form must be reviewed, completed and signed by the participants and their supervisors for each semester. Please read each item and check off each item, sign and submit/upload and retain a copy for your reference. If you have questions, please contact the Training Services Division.**

- I understand that my supervisor will consider the staffing and financial implications to my unit before approving my Work Study application/schedule request.
- I understand that I can only submit an application request for class times that fall within my regularly scheduled work hours as listed in my Workday account.
- I understand that all timesheets that I submit/upload must be reviewed, initialed and dated by the participant's supervisor. Supervisors are required to request participants to correct work study time entry changes in Workday, if required, prior to approving all timesheets.
- I understand that I must complete and submit/upload the Work Study Timekeeping Plan for all new and subsequent work study session/semester.
- I understand that I must only use work study for the dates and times that were approved and listed on my acknowledgement letter and application/schedule.
- I understand that copies of my timesheets must be uploaded to my Google Drive folder by the 15th of each month to stay in compliance. I understand that while in non-compliance, I will be required to use my own leave and I must not enter any work study tags.
- I understand that on the **third** day of noncompliance, I will not be eligible to use work study leave to attend class and I must then use my own leave to attend all forms of class. The use of work study may resume after timesheets have been uploaded and the Training Services Division has been informed.
- I understand that if I work in a 24/7 facility, I am not eligible to attend work study or to start work before 7:00AM on a day of work study because you will accrue unauthorized overtime.
- I understand that a meal must be entered on all days of work study if I have worked 5.5 hours (includes work study hours). Therefore, I am not eligible to enter a meal prior to working 5.5 hours and I am not eligible to enter a meal period at the end of a work day.
- I understand that if my learning/educational facility requires a change, I must submit an amended application/schedule approval and the Training Services Division within five days. I also understand that I am not eligible to enter the new dates/times as work study until I have received an approval/signature from the Training Services Division.
- I understand that falsifying timesheet data will cause me to be dismissed from the Work Study Program.
- I understand that if I use time that was not approved, it may result in dismissal from the program.
- I understand that I am not eligible to earn any form of comp or overtime on a day of work study. I also understand that if I earn comp or overtime on a day of work study, the time will be repaid with my own leave or in cash.
- I understand that if I do not follow the guidelines or meet the requirements, I may be temporarily or permanently dismissed from the Program. I will then have to use my own time or leave without pay to complete the remainder of my semester.

*By signing this checklist, you are stating that you have read and understand the required elements of the Work Study Program.*

## SIGNATURES

Appointing Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_



# WORK STUDY CAREER DEVELOPMENT PLAN

Training Services Division, Office of Human Resources

New

Amended

A **FULLY COMPLETED AND SIGNED** original form and any **ADDITIONAL DOCUMENTATION REQUIRED** must be included with your Work Study Program application packet.

## EMPLOYEE INFORMATION

**EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):**

**WORKDAY #:**

**SS #: YOU MUST CONTACT TSD BY PHONE TO PROVIDE YOUR SS#**

**CURRENT POSITION TITLE:**

**ADMINISTRATION NAME AND MAILING ADDRESS (Spell Out - No Acronym):**

**PHONE #:**

**ADMIN CODE:**

**PCA CODE:**

**AOBJ:**

**COUNTY:**

## EDUCATIONAL/PROFESSIONAL GOALS

**PLEASE EXPLAIN EDUCATIONAL OR PROFESSIONAL DEVELOPMENT GOALS HOW WILL THIS EDUCATIONAL PROGRAM WILL HELP YOU IMPROVE YOUR KNOWLEDGE AND SKILL SET FOR YOUR CURRENT POSITION OR YOUR PROFESSIONAL DEVELOPMENT:**

**MAJOR OR CONCENTRATION (SPELL - No Acronym):**

**CAREER GOALS:**  Short-Term  Long-Term

**PROGRAM TYPE:**

Degree  Certificate  Internship

**COURSEWORK START DATE:**

**ESTIMATED GRADUATION DATE:**

**PLEASE CHECK ALL THAT APPLY:** You must provide all documents that are required for the Degree, Internship, or Certificate Program you have been accepted into.

Signed Acceptance Letter into Degree/Certificate/Internship Program from Institute or Provider

Program description including list of courses or work required to earn the degree or certificate specified. This includes detailed information regarding all courses required to complete this field of study to earn the specified degree or certificate and is not related to a semester.

## EMPLOYEE OFFICE APPROVALS

**PRINT APPOINTING AUTHORITY NAME & TITLE**

**Appointing Authority Signature**

**Date**

**PRINT SUPERVISOR NAME & TITLE**

**Supervisor Signature**

**Date**

**PRINT EMPLOYEE NAME**

**Employee Signature**

**Date**

+++++ **TSD ONLY** +++++

**APPROVER/TRAINING SERVICES DIVISION:**

**DATE:**

**SIGNATURE:**

201 W. Preston Street, Room 106  
Baltimore, Maryland 21201

Phone Number  
410-767-1605



# OBLIGATED SERVICE AGREEMENT

Training Services Division, Office of Human Resources

Workday #:

SEMESTER START DATE:

SEMESTER END DATE (not program end date):

This obligated service agreement, hereafter referred to as "AGREEMENT", is entered into between the employee named below and the Maryland Department of Health (Department).

- I, \_\_\_\_\_, an employee about to participate in the **Maryland Department of Health's Work Study Program** (Program) understand that this Agreement is legally binding and agree to abide by the requirements of this program as defined in the Work Study Program Guidelines. If my Work Study application is approved, I (a) will participate in and complete the program to the best of my ability and my grades will not fall below a C and (b) will remain an employee of the Department following completion of my specified work study educational program for the obligated service repayment period required.
- I understand that if I withdraw from the Program in good standing or move to another position within the Department, I am still bound to this Agreement and must continue repayment until it has reached a Zero (0) balance. If I separate from the Department, I am legally obligated and agree that any pre-calculated work study time not paid back in-service hours would be converted to cash owed to the Department. For example, if I still owed the Department 12 weeks of obligated service, that time would be converted to 12 weeks of my salary, which would be paid back in full to the Department. If I return within three years, the cash repayment is eligible to cease and service hour repayment can begin **after I have contacted the Training Services Division regarding my return to service. However, if I leave the Department again, cash repayment will resume.**
- If I am dismissed from the Work Study Program or the Department for any reason, the three-year return option will not be available to me and I must continue cash repayment. Additionally, I will no longer be able to participate in the Program.
- I will accurately record all work study hours on my timesheet using **THE WORKTAG CODE – REMOTE WORK LOCATION: WORK STUDY**. I will not abuse the Program by **falsifying school release times, travel or work study time used**. I understand that any abuse will be grounds for dismissal.
- I agree that the obligated service repayment period shall be computed by the Training Services Division and the Payroll Department. Service hours or cash repayment will be based on the total amount of time used for work study. The repayment of obligated service shall start on the first work day I return to full-time duty following completion of my specified Program or withdrawal in good standing.
- I agree that the amount which becomes due the Department because of my failure to meet the terms of this agreement may be withheld from any money due me from the Department, including future wages or tax returns.

### TIMEKEEPING CONVERSION CHART

- Up to 10 hours per week of work study time per week of work study time = hour per hour payback
- Any work study time 11 hours through 20 hours per week = 1.5 times per hour payback
- Any work study time 21 hours through 40 hours per week = 3 times per hour payback
- **CASH:** Based on the remaining obligated service hours multiplied times the salary earned at the time you completed your Work Study Program.

### EMPLOYEE OFFICE APPROVALS

| PRINT APPOINTING AUTHORITY NAME & TITLE | Appointing Authority Signature | Date |
|---|--------------------------------|------|
|   |                                |      |
| PRINT SUPERVISOR NAME & TITLE           | Supervisor Signature           | Date |
|   |                                |      |
| PRINT EMPLOYEE NAME & TITLE             | Employee Signature             | Date |
|   |                                |      |

+++++ TSD APPROVAL/DENIAL +++++

|  |  |                              |
|--|--|------------------------------|
| APPROVER/TRAINING SERVICES DIVISION:<br>SIGNATURE: | DATE:  |                              |
|  | 201 W. Preston Street, Room 106<br>Baltimore, Maryland 21201 | Phone Number<br>410-767-1605 |





**WORK STUDY APPLICATION/SCHEDULE**  
Training Services Division, Office of Human Resources

**THIS WORK STUDY SESSION IS**  
 New  Subsequent  Amended

**EMPLOYEE INFORMATION**

|   |                         |   |
|---|-------------------------|---|
| <b>EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)</b>                |                         | Workday #:  |
|   |                         | Home Phone #:   |
| <b>HOME ADDRESS, CITY, STATE, ZIP</b>                             |                         | % Employed:<br>Condensed: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Work Hours:<br>Days: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S |
| <b>ADMINISTRATION NAME AND MAILING ADDRESS (Spell/No acronym)</b> |                         | Office Phone #:   |
| <b>POSITION TITLE:</b>  | <b>WORK ENTRY DATE:</b> | In Probation Period: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>PEP DATE:<br>PEP Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**EDUCATIONAL FACILITY**

|  |  |  |
|--|--|--|
| <b>EDUCATIONAL INSTITUTION/FACILITY NAME AND MAILING ADDRESS</b> |  | <input type="checkbox"/> Yes <b>US Department of Education Accreditation Proof Attached 1st request or if changed</b>  |
| <b>DEGREE/CERTIFICATE SOUGHT (NO ACRONYM):</b>                   | <b>START DATE:</b><br><b>END DATE:</b> | Semester: <b>[CHECK ONE ONLY]</b><br><input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Fall |

**COURSE INFORMATION**

**(MUST CHECK) OFFICIAL COURSE DESCRIPTION(S) WITH DATES & TIMES INCLUDED (Not your student schedule)**  
 **(MUST CHECK) SUPERVISOR LETTER OF ACKNOWLEDGEMENT/RECOMMENDATION TO PARTICIPATE THIS SEMESTER**

**\*\*PLEASE DO NOT LIST COURSES/TIMES THAT ARE NOT TAKEN DURING YOUR REGULAR WORK DAY SCHEDULE\*\***

| <b>(EXAMPLE) - Child Development II - 131-01</b><br>COURSE TITLE(s)<br>(LIST COURSE NAME AND COURSE #/No ACRONYMS) | <b>3</b><br>NO. OF CREDITS | <b>NO</b><br>ONLINE YES/NO | <b>W/T</b><br>WEEKDAY(S) | <b>1:00 – 5:00</b><br>START/END TIME | <b>8</b><br>TOTAL RELEASE HOURS |
|--|----------------------------|----------------------------|--------------------------|--------------------------------------|---------------------------------|
|  |                            |                            |                          |                                      |                                 |
|  |                            |                            |                          |                                      |                                 |
|  |                            |                            |                          |                                      |                                 |
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|  |                                       |             |
| <b>PRINT EMPLOYEE NAME &amp; TITLE</b>             | <b>Employee Signature</b>             | <b>Date</b> |
|  |                                       |             |

+++++ **TSD USE ONLY** +++++

|   |  |                     |
|---|--|---------------------|
| <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b> | <b>DATE:</b>                           |                     |
| <b>APPROVER/TRAINING SERVICES DIVISION:</b>                                     | <b>201 W. Preston Street, Room 106</b> | <b>Phone Number</b> |
| <b>SIGNATURE:</b>   | <b>Baltimore, Maryland 21201</b>       | <b>410-767-1605</b> |

