

VICTOR VALLEY COLLEGE
MANAGEMENT GROUP UPWARD MOBILITY PROGRAM

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
 - 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.

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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

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Committee Approval Form

Employee's Name _____ Date _____

The Upward Mobility Committee has reviewed your request for upward mobility. Your request for upward mobility is:

_____ Approved Pending Budget Availability

_____ Approved Pending Clarification of _____

_____ Not Approved

Comments _____

Committee Signatures:

Joseph Morris, _____ Date _____
Director of Nursing and Allied Health

Pat Luther, _____ Date _____
Dean, Instructional Program, Health Science and Public Safety

Margie Sandello, _____ Date _____
Coordinator, Student Services

Rocio Chavez, _____ Date _____
Senior Human Resources Analyst

FINAL AUTHORIZATION _____ CONCUR _____ DISAGREE _____

Superintendent/President Date _____

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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

Supervisor's Signature

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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

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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:

_____ ½ 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

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Training Leave Request Form

Employee's Name _____ Date _____

I am requesting Educational/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 _____