

# **Staff Enrichment and Educational Development (S.E.E.D)**

## ***A WORK STUDY PROGRAM***

***DFCS "growing" its own expertise and professionalism within the Division.***

The goal of the *Staff Enrichment and Educational Development (S.E.E.D) Program* is to develop an educated and stable workforce committed to the Division of Family and Children Service's (DFCS) mission, vision, values and goals. The *S.E.E.D* program represents the agency-employee partnership umbrella for a number of educational or enrichment activities that share the following goals:

- **Increase the knowledge, skills and abilities of Division employees in order to enhance their effectiveness on the job.**
- **Improve the employee's opportunity for promotion within the Division of Family and Children Services.**
- **Address the critical workforce needs of the Division.**

By supporting the employee's return to school through the *S.E.E.D program*, the agency receives immediate and long-term benefits. The employee continually brings their new information and skills gained in school back to the job site. While, on a long-term basis, staff that feel more effective in their work are more likely to remain with the agency.

At this time, the *S.E.E.D Program* consists of part time work-study assignment with pay to pursue a college degree that is specifically related to employee job responsibilities or promotional opportunities within the Division.

### **I. Part time Work Study Assignment with Pay**

#### **Eligibility Criteria\***

1. Minimum 6 months continuous service with DFCS (with a preference for those employed 24 months or longer)
2. Full time employee
3. "Meets expectations" or higher on most recent PMP
4. No disciplinary action taken within 24 months prior to application \*
5. Endorsement and support of immediate supervisor
6. Approval of local approving authority

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7. Expectation that degree will be attained within 3 years or less
8. For continued eligibility, maintain "C" or better in undergraduate studies and "B" or better in graduate studies.

*\*Local approval authority responsible for ensuring that the applicant has met the above eligibility criteria for each term of work-study requested. If local approval authority cannot verify #4 then, the Education and Training Services Section will verify item #4 through the DHS, Office of Human Resource Management and Development (OHRMD).*

### **Approved Degrees and Coursework under Part Time Work Study Assignment Program\***

- Bachelors in Social Work (BSW)
- Masters in Social Work (MSW)
- Accounting
- Masters in Public Administration\*\*

*\*\*Allowed if the employee is already on a supervisory level*

### **Time Allotted for Work Study Assignment**

Up to 10 hours a week of work-study time off can be granted by the local approval authority for approved degrees. Additionally, up to 24 hours a week can be granted by the local approval authority for BSW and MSW field practicum/internship.

Work-study time may not be accumulated and is only used for academic activities while pursuing the approved degree. Activities include: attending class, participating in distance learning activities, attending mandatory workshops, and meeting with advisors, taking exams, and travel to class or practicum. Work-study time is considered work time in calculating the number of hours worked per week. The Supervisor must ensure that non-exempt FLSA employee's combined work time and work-study time do not exceed 40 hours a week unless overtime has been approved.

### **Responsibility of Employee to DFCS**

The employee who receives time off to attend school is personally benefiting from this educational experience in terms of increased knowledge, promotional opportunities and potential salary increases. It is expected that staff who are allowed part time work-study assignment follow all regulations regarding this policy, and ensure that service provision to clients is their top priority.

The employee must sign a **work commitment form** in which they agree to work in the Division of Family and Children Services for a specified amount of time upon graduation. The amount of time the employee commits to work for DFCS is calculated at one calendar year of work at DFCS for every academic year the employee attends school under work-study. Employees who do not fulfill the work commitment will receive a "no rehire" work recommendation in their personnel file and may be subject to appropriate legal action. \*

*\*Exceptions to this "no rehire" recommendation can be made under special circumstances which will be determined by the approving authority. An example might be an employee who must relocate to another state due to personal circumstances, unforeseen health issues, military service, etc.*

## **Approval Process**

It is important that staff communicate their desire to utilize work-study time off to their supervisor and approval authority and receive approval before they actually register for school. There are two steps to the approval process:

### ■ ***Complete one time only-Prior to Registering for School:***

1. Employee submits the ***Request for Support of Degree Attainment form*** and signed ***Work Study Agreement form*** to supervisor.
2. Supervisor approves or denies and submits forms to Approval Authority\*
3. Approval Authority approves or denies and sends copies of all denied forms to Regional Director. Copies of approved forms are sent to the Education and Training Services Section.
4. Regional Director automatically reviews any denials and sends copies of all forms with final decision to the Education and Training Services Section.\*

\*DFCS Education and Training Services Section, Two Peachtree St. NW, 25-462, Atlanta, GA 30303, Fax 404-657-4058 Attn: Ms. L. Denise Edwards

### ■ ***Complete prior to each School Term:***

1. Submit ***S.E.E.D Program Term Application*** to supervisor and local approving authority that lists the specific classes and amount of time requested off. (Include a copy of grades from prior term if already in school).
2. Supervisor approves or denies and submits to Approval Authority \*\*
3. Approval Authority approves or denies and sends copy of all denied forms to Regional Director. Copies of approved forms are sent to the Education and Training Services Section.\*
4. Regional Director automatically reviews any denials. Regional Director sends copy of all forms with final decision to Education and Training Services Section.\*

\*DFCS Education and Training Services Section, Two Peachtree St. NW, 25-462, Atlanta, GA 30303, Fax 404-657-4058 Attn: L. Denise Edwards

### **\*\*Approval authorities:**

For Local DFCS Staff: County Director

For County Directors: Regional Director

For Regional Staff: Regional Director

For State Office Staff: Section Director

For Section Directors: Division Director

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## **Denials and Rescinding Approvals**

### **Denials**

Work-study assignment is an added bonus that may be given to employees based on their meeting the eligibility criteria, and the ability of the agency to continue to provide quality service to customers. The approval authority reserves the right to deny requests for work-study assignment.

### **Rescinding Approvals**

It is possible that the approval authority may need to rescind approval of work-study assignment once it has been granted. However, all efforts should be made to avoid rescinding approval, including consultation with the Regional Director and Education and Training Services Section.

### **Work Load Coverage**

The local approval authority is responsible for ensuring that services continue to be provided to customers in a timely, quality fashion. Where there is a conflict between work-study assignment being approved, and services being provided to customers, the priority is that customer service comes first.

### **Guidelines for Selection**

If more than one employee submits an application for work-study assignment, and not all can be approved due to coverage issues, the following criteria can be taken into consideration:

- **Child welfare supervisor pursuing the MSW degree**
- **Child welfare direct services worker pursuing the MSW or BSW degree**
- **Local agency need for expertise in the degree area**
- **Work study assignment has been previously approved and is needed to complete degree**
- **Length of Service at DFCS**
- **Evaluation of employee performance**

### **Evaluation and Monitoring of S.E.E.D. Work Study Program**

1. The approval authority is responsible for monitoring the work commitment of the employee once the employee has graduated.

2. The Education and Training Services Section will be responsible for maintaining a database on all employees approved for work-study, and conducting an annual review and evaluation of the program.

3. All original forms are to be maintained in the local personnel file and, at the discretion of the county/section/regional office; forms may be placed in the employee productivity file.

## II. Funding for School Expenses

### Financial Aid

Employees are encouraged to contact the Financial Aid Office of the respective school for information about possible financial assistance.

### Title IV-E Child Welfare Education Program (IV-E Program) Grant

For those staff pursuing the MSW or BSW degree, funding is available through the IV-E program. IV-E eligible employees receive payment of tuition, fees, books and other related educational expenses. In turn, the employee fulfills a work commitment with DFCS in a child welfare position after graduation and signs a legally binding agreement to that effect. IV-E funding is available at eight schools of social work. Applications and additional information can be obtained by contacting the IV-E contact person at the school.

#### **Title IV-E Child Welfare Education Program Schools in Georgia**

**Albany State University** contact: Dr. Marilyn Spearman (229) 430-4694

**Georgia State University** contact: Dr. Robin Hartinger-Saunders (404) 413-1060

**Savannah State University** contact: Dr. Shinaz Jindani (912) 358-3251

**University of Georgia** contact: Dr. Alberta Ellett (706) 542-5409

**Valdosta State University** contact: Dr. Mizanur Miah (229) 245-4893

### Title IV-E Child Welfare Education Program Grant Application Process

- Submit **S.E.E.D. Request for Support of Degree Attainment** form to DFCS approval authority
- Take the Graduate Record Examination (GRE), which is required by most MSW programs. There may be an admissions test for those applying for a BSW
- Submit BSW or MSW application to University
- Once accepted into a BSW or MSW program, apply for the Title IV-E grant online at: <https://www.gadfcs.org/grant/cwg.jsp>

- Bring the **completed** S.E.E.D. *Request for Support of Degree Attainment* form to your scheduled appointment for the IV-E Selection Process at school of social work to which you have been accepted. **If you fail to bring a completed form to the IV-E Selection Process, you will not be allowed to participate in the Process.**

For additional information about the Title IV-E Child Welfare Education Program (IV-E Program), please contact L. Denise Edwards, MSW, Training & Development Specialist, via email at: [l.denise.edwards@dhs.ga.gov](mailto:l.denise.edwards@dhs.ga.gov) or by telephone at (404) 550-6822.

# Work Study Agreement for S.E.E.D Program Participant

I \_\_\_\_\_ agree to work for the Georgia Division of Family and Children Services one calendar year for each academic year that I have attended school under the work-study program. This work obligation begins upon my graduation from the approved degree program. I understand that should I not fulfill this work obligation, that a "no rehire" recommendation will be put in my personnel file.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

cc: DFCS Education and Training Services Section – Fax 404-657-4058

**DIVISION OF FAMILY AND CHILDREN SERVICES**  
**S.E.E.D. PROGRAM**  
**REQUEST FOR SUPPORT OF DEGREE ATTAINMENT**

*(To be completed one time; prior to applicant beginning school)*

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Work Unit: \_\_\_\_\_ Work Location: \_\_\_\_\_ Employment Date: \_\_\_\_\_

(Month/Year)

Statistical information\*: \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Disability \_\_\_\_\_  
(Month/Year)

University/College Attending: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

IV-E: \_\_\_\_\_ Yes \_\_\_\_\_ No

**To be completed by applicant:**

**Applicant Justification (use additional paper as needed):**

How is degree related to job or promotional opportunities?

How will degree benefit applicant?

How will degree benefit organization?

Why should applicant be selected?

**The applicant understands that approval of work study time off is contingent upon continued quality service provision to clients, and that work study approval may be rescinded at the discretion of the approval authority.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date



**To be completed by supervisor:**

**Supervisory Endorsement:** Address eligibility requirements:

PMF checked: Yes No Service time checked: Yes No Disciplinary Action checked: Yes No

Full Time Employee? Yes No Degree on approved list? Yes No

Why applicant should be selected?

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Supervisor's Signature Date

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**To be completed by approval authority:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for denial \_\_\_\_\_

\_\_\_\_\_  
Approval Authority

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

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**Denial Review by Regional Director**

CONCUR: \_\_\_\_\_

DISSENT: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Regional Director

\_\_\_\_\_  
Date

Cc: Education and Training Services Section – Fax 404-657-4058

**DIVISION OF FAMILY AND CHILDREN SERVICES**  
**S.E.E.D. PROGRAM SEMESTER APPLICATION**  
*(To be completed prior to the beginning of each school semester)*

Name: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Work Unit: \_\_\_\_\_ Work location: \_\_\_\_\_

My normal work hours are: \_\_\_\_\_ AM to \_\_\_\_\_ PM Days of the week worked: M T W TH F  
(circle all that apply)

Flex Schedule: \_\_\_\_\_

University/College attending: \_\_\_\_\_ Degree \_\_\_\_\_

Class location: \_\_\_\_\_

Credit hours this Semester: \_\_\_\_\_

Quarter/Semester: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Circle appropriate term) (month/day/year) (month/day/year)

Will this term satisfy your graduation requirements? ( ) Yes ( ) No

**A. Courses and/or practicum/internship:**

1. Course title for which you plan to register: \_\_\_\_\_

Class meets from: \_\_\_\_\_ AM/PM through \_\_\_\_\_ AM/PM Days of the week M T W TH F

\*\*Online Class only \_\_\_\_\_

(Circle all that apply)

2. Course title for which you plan to register: \_\_\_\_\_

Class meets from: \_\_\_\_\_ AM/PM through \_\_\_\_\_ AM/PM Days of the week M T W TH F

\*\* Online Class only \_\_\_\_\_

(Circle all that apply)

3. Course title for which you plan to register: \_\_\_\_\_

Class meets from: \_\_\_\_\_ AM/PM through \_\_\_\_\_ AM/PM Days of the week M T W TH F

\*\*Online Class only \_\_\_\_\_

(Circle all that apply)

4. Field Practicum/internship? Yes ( ) No ( ) Work site practicum/internship? Yes ( ) No ( )

If no, list location of off- site practicum/internship \_\_\_\_\_

Total Number of hours per week in practicum/internship \_\_\_\_\_

Hours of Practicum/internship \_\_\_\_\_ am through \_\_\_\_\_ pm

Days of Practicum/internship M T W TH F

**B. Total Hours requested: (to include travel time) per week: \_\_\_\_\_**

**C. Please attach any honors, awards, recognition, etc. to this application.**

**The applicant understands that approval of work-study time off is contingent upon continued quality service provision to clients, and that work-study approval may be rescinded at the discretion of the approval authority.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**To be completed by Immediate Supervisor/Unit Manager:**

**Supervisor Endorsement:** Address eligibility requirements:

	Yes	No
Full-time employee?		
Service time Requirement met? (2 years preferred)		
PMF checked?		
"Met" or higher PMF rating?		
Disciplinary Action within the last six months?		
Degree or coursework on approved list?		

**Immediate Supervisor/Unit Manager written endorsement of support and work coverage plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Immediate Supervisor Printed name

\_\_\_\_\_  
Date

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**County Director (if applicable):**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
County Director's Printed Name

\_\_\_\_\_  
County Director's Signature

\_\_\_\_\_  
Date

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**Approval Authority (Division Director or Section Director or Regional Director):**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approval Authority's Printed Name

\_\_\_\_\_  
Approval Authority's Signature

\_\_\_\_\_  
Date

Cc: Education and Training Services Section – Fax 404-657-4058  
Electronic email to: L. Denise Edwards: [l.denise.edwards@dhs.ga.gov](mailto:l.denise.edwards@dhs.ga.gov)

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