

# **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, and on the approved list of degrees as determined by *S.E.E.D* Advisory Committee.

### ***S.E.E.D* Advisory Committee**

The *Staff Enrichment and Educational Development Advisory Committee* represent the administrative structure for the *S.E.E.D program* and have the following responsibilities:

- **Oversight of the *S.E.E.D program*.**
- **Determining which degrees will be allowed under the *S.E.E.D program*. (Based on workforce needs of DFCS, retention, turnover, hard to fill positions, etc.)**
- **Reviewing and revising the *S.E.E.D* policy based on suggestions from the field, research data, etc.**
- **Reviewing and deciding on exceptions to the policy submitted by the field.**

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Meetings of the committee are held on a quarterly basis. A subcommittee to address local issues/exceptions and requests will meet on an as needed basis. The *S.E.E.D* Advisory committee is comprised of:

- **Education and Training Services Section Director (or designee)**
- **2 County Directors (one rural, one urban)**
- **2 Regional Directors (with past experience on Educational Assignment committee)**
- **State Office Social Services Section representative**
- **Social Services Section Staff Representative**
- **State Office Economic Support Section representative**
- **Fiscal Field Services Representative**
- **Educational Consortium member (University Faculty Member)**
- **Support Staff Representative**
- **Child Care and Parent Services Section Representative**
- **Evaluation and Reporting Section Representative**
- **Community Service Section Representative**
- **IV-E Program Graduate with DFCS experience**
- **Ad hoc members will include Education and Project Management Unit staff and other staff as needed.**

Exceptions to rules outlined in this policy can be submitted to the *S.E.E.D* Advisory Committee through the Education and Training Services Section.

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

### **Eligibility Criteria\***

1. Minimum 24 months continuous service with DFCS (Exceptions will be considered by the *SEED* Advisory Committee)
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

7. Degree and coursework are on the approved list for field of study as determined by Advisory Committee
8. Expectation that degree will be attained within 4 years or less
9. 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 DHR, Office of Human Resources 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*

*\*The SEED Advisory Committee will consider exceptions to the approved degree list on an individual basis if recommended and justified by the local approval authority.*

#### **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 practicums.

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 outlined by the S.E.E.D Advisory Committee. 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 ***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. Aretha Powell

■ ***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: Ms. Aretha Powell

**\*\*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

## **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.

### IV-E Child Welfare 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

**Clark- Atlanta University** contact: Dr. Jacquelyn Mitchell (404) 880-6732

**Dalton State College** contact: Dr. David Boyle (706) 272-2682

**Georgia State University** contact: Ms. Mary McLaughlin, LCSW (404) 413-1071

**Kennesaw State University** contact: Ms. Takeisha Wilson, MSW (770) 499-3669

**Savannah State University** contact: Dr. Bernita Berry (912) 353-5263

**Thomas University** contact: Mr. Bill Milford LCSW (229) 226-1621

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

**Valdosta State University** contact: Dr. Martha Giddings (229) 245-4336

### **Title IV-E Grant Application Process**

- Submit *S.E.E.D. Support of Degree Attainment* form to DFCS approval authority
- Take the Graduate Record Examination (GRE) for MSW only. Admissions test for undergraduates.
- Submit BSW or MSW application to University

- Once accepted in BSW or MSW program, complete IV-E application and submit to IV-E contact person at University, with approved *S.E.E.D. Support of Degree Attainment form*.
- Submit DFCS *S.E.E.D Program Term Application* to DFCS approval authority
- Submit DFCS S.E.E.D. Support of Degree Attainment (one time only document)

For information regarding the Title IV-E Program at:

Albany State University  
 Savannah State University  
 Thomas University  
 University of Georgia  
 Valdosta State University

Please contact Angie Saturday, MS, LMSW, IV-E Program Coordinator at (229) 878-8788 or via email at [ansaturday@dhr.state.ga.us](mailto:ansaturday@dhr.state.ga.us).

For information regarding the Title IV-E Program at:

Clark Atlanta University  
 Dalton State College  
 Georgia State University  
 Kennesaw State University

Please contact L. Denise Edwards, MSW, IV-E Program Coordinator at (404) 656-3619 or via email at [ldedwards@dhr.state.ga.us](mailto:ldedwards@dhr.state.ga.us).

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:**

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 \_\_\_\_\_

\_\_\_\_\_  
Supervisory Signature  
Date

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

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

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

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

\_\_\_\_\_  
Date

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

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**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 or attach schedule:**

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  
(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  
(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  
(Circle all that apply)

4. 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 Supervisor:**

**Supervisor Endorsement:** Address eligibility requirements:

Eligibility Checklist: Check all that apply.

Eligibility Checklist: PMF                      Proof of Enrollment                      No Disciplinary Action                      Full Time  
Employee  
Service requirement                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Supervisor endorsement of support and work coverage plan:

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

\_\_\_\_\_  
Supervisory Signature                      Printed name                      Date

**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