

Application for Educational Support Services

Date of Request: _____

Type of Service Needed:

- Field Placement/Internship
- Release Time
- Constructive Action/Capstone Advisement
- Undergraduate Program

① Applicant Information:

Last Name	First Name	M.I.	Employee Reference #
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ACS Division	Borough Office/Program Name	Work Telephone #
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Work Address	City	State	Zip
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User ID#	Preferred Email Address	Preferred Contact Phone Number
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Home Address	City	State	Zip
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Civil Service or non-competitive title	Functional Title
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Indicate your permanent title, if current Civil Service title is provisional	Date of permanent title
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Date started with ACS:	Distribution #	Work Unit #
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2 Educational/Training:

List all colleges and universities attended, including community college, undergraduate and graduate programs with corresponding dates of graduation. List all non-mandated professional workshops, institutes, conferences, etc. you attended to enhance your professional development. Please attach a copy of your HSLC/STARS and/or Cornerstone professional development transcript.

Name of Institute	Major/Course Title	Degree, Certificate or Credits Earned	Date(s)
Community College, Undergraduate and/or Graduate Programs			
Non-mandated professional workshops, institutes, conferences, etc.			

If you need more space attach additional sheets.

3 Statement of Understanding

Initials

I understand that submission of PDP packet materials does not guarantee release time, field placement or Construction Action/Capstone Advisement from the Agency.

An approved request will allow me to fulfill the educational obligations of my degree/certificate as long as I maintain satisfactory job performance and attendance with respect to my employment with ACS.

I also understand that after I graduate, I am obligated to remain with ACS for the amount of time specified in the contract I signed to be eligible for release time and/or field placement/internship.

Applicant's Signature :

4 Assessment from Immediate Supervisor

Name of Applicant (Print)

Title

To Immediate Supervisor:

Please describe how the employee's participation in this staff development activity will benefit your program and the Agency as a whole. Please assess the applicant's present job performance. Describe how the employee utilizes his/her interpersonal helping skills while working with clients and other ACS staff. Does the employee demonstrate respect, empathy, and genuineness to the clients and other ACS staff?

Supervisor's Name

Phone #

Signature *(Signature verifies acknowledgement of request for field placement/internship only)*

CPM's Name

Phone #

Signature *(Signature verifies acknowledgement of request for field placement/internship only)*

5 Recommendation from Deputy Director

RECOMMENDATION:

- Highly Recommended
- Recommended with Reservation (*Must specify reasons in writing*)
- Recommended

By signing below, I understand that I am recommending the above ACS employee for admission into the ACS Workforce Institute Professional Development Program. In addition, this recommendation does not connote approval for release time or field placement from the agency/division.

Name of Deputy Director (Please Print) Title Telephone #

Signature Date Location Division

6 Request for Supervision for Constructive Action/Capstone Advisement for Non-MSW Candidates

Type of Program You Been Accepted To

Expected Date of Graduation Start Date with ACS

Functional Title

Civil Service Title

ACS Division (Select one):

- DCP FCLS FPS FSS DPPM DECE DFS DAS DYFJ OC GC
- Other _____

Name of Worksite Location

Distribution Number

Unit #

Work Address

Floor

City

State

Zip

User ID #

Work Phone/Cell #

⑦ Administrative Verification

Borough Commissioner/First Deputy/Program Director's Name

Phone #

Signature *(Signature verifies acknowledgement of request for constructive action/capstone advisement only)*