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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**EMPLOYEE APPLICATON FOR PROMOTION TO CHILDREN’S SERVICE WORKER III** |

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| **Section 1: To be Completed by Employee** |
| Employee Name:        | Last Four of SSN:     |
| Program Area:       | Date Employee Became Children’s Service Worker II:       |
| In what ways have you demonstrated that you are prepared to serve as a Children’s Service Worker III? What are your most significant strengths (e.g. knowledge, skills, behavior, and attitude)? In what areas do you need further development?       |
| Employee’s Signature: | Date:       |
| **Section 2: To be completed by Supervisor** |
| Supervisor Name:       |
| Has Applicant been a Children’s Service Worker II for 2 years?[ ]  Yes [ ]  No  | Level of Supervision this employee requires (e.g. minimal, routine, intensive)      | What was the Employee’s last PERforM rating (include score).       |
| Do you agree with the employee’s comments above? [ ]  Yes [ ]  No If no, please explain:       |
| What additional strengths or developmental areas have you observed?       |
| Has the employee received any discipline or been on a corrective action plan in the last 12 months? [ ]  Yes [ ]  NoIf yes please explain:        | Does this employee understand and implement policy and practice in a way that reflects a strategic thinking, deliberate interventions, evaluation, and multi-tasking? [ ]  Yes [ ] No If No, please explain:       |
| Is the employee self-motivated and have the ability to model best practices for others? [ ]  Yes [ ]  No If no, please explain:       | Does this employee have ability to utilize knowledge and experience to make informed decisions with less supervisory input? [ ]  Yes [ ]  No If no, please explain:       |
| Does this employee have the ability to perform work that requires a high level of technical expertise in several areas within their total job duties? [ ]  Yes [ ]  No If no, please explain:       | Does this employee have refined communication skills and the ability to produce written products and consistent and thorough documentation? [ ]  Yes [ ]  No If no, please explain:       |
| Why do you feel this employee is prepared to serve as a Children’s Service Worker III? Include based observations on their performance and competencies? (“*Missouri Children’s Division - Children’s Service Worker Competencies” available as resource material*)       |
| Supervisor’s Signature: | Date:      |
| **Section 3: To be completed by Program Manager (if applicable) and Circuit Manager** |
| Program Manager Name (if applicable):       |
| Has this employee met all the requirements and are they prepared for promotion to the Children’s Service Worker III classification? [ ]  Yes [ ]  No If no, please explain:       |
| Any additional Comments:       |
| Program Manager Signature: | Date:       |
| Circuit Manager Signature: | Date:       |
| **Section 4: To be completed by Field Support Manager (if applicable) and Regional Director** |
| Field Support Manager Name:       |
| Has this employee met all the requirements and are they prepared for promotion to the Children’s Service Worker III classification? [ ]  Yes [ ]  No If no, please explain:       |
| Any additional Comments:       |
| Field Support Manager Signature: | Date:       |
| Regional Director Signature: | Date:       |
| **Section 5: To be completed by Human Resources Manager** |
| Did employee have any discipline in the last 12 months?       | What was the Employee’s last PERforM rating (including score):       |
| Promote to Children’s Service Worker III? [ ]  Yes [ ]  No If yes, effective date of promotion:       |
| Human Resource Manager Signature: | Date:       |