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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’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  No  If 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: | | | | |