



Arkansas Board of Parole
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ADMINISTRATIVE DIRECTIVE: 17-05 Employee Training

TO: ARKANSAS PAROLE BOARD MEMBERS AND STAFF

FROM: JOHN FELTS, CHAIRMAN

SUPERSEDES: 08-04 EMPLOYEE TRAINING

APPROVED: SIGNATURE ON FILE **EFFECTIVE DATE:** March 13, 2017

- I. **APPLICABILITY.** This directive applies to all APB Members and Staff. Violations of this directive may result in disciplinary actions up to, and including, termination.
- II. **POLICY.** The Board provides its employees with opportunities to gain necessary knowledge, skills, abilities, and information to perform their duties in accordance with the agency mission while meeting the accreditation standards of the American Correctional Association (ACA).
- III. **DEFINITIONS.**
 - A. **In-Service Training.** Training (other than employee orientation) intended to enhance the performance and capabilities of current employees
 - B. **Orientation.** Mandatory 40 hour training program for a new APB employee provided after employment/appointment but prior to full job assignment.
- IV. **GUIDELINES.** The Business Operations Manager is responsible for coordinating the training of all APB employees.
 - A. **Minimum Training Requirements.** The Business Operations Manager is responsible for establishing and maintaining a system for documenting compliance with ACA training standards. The Business Operations Manager shall ensure that all employees comply with training requirements. Minimum training requirements for APB Employees are described in Attachment 1. Employees shall complete the required training hours during their performance evaluation rating periods.

1. **New Employee Orientation.** New employee orientation will be completed during the first 40 hours of employment. The Business Operations Manager will provide the schedule, forms, and instructions necessary to complete the orientation.
 2. **Annual In-Service Training.** The Business Operations Manager, in conjunction with Staff Supervisors, is responsible for planning, scheduling, and facilitating credit approval for all employee annual training. Employees are responsible for completing the appropriate written request for training (if necessary), attending training, and submitting all necessary documentation of attendance to the Business Operations Manager or designee.
- B. Training Administration.** Training may be administered outside of the agency; however, all training must be pre-approved, meet the needs of the agency, and comply with ACA standards.
1. **Training Assessment and Planning.** The Business Operations Manager or designee will conduct and submit a written annual training assessment during the first month of each training year. The training assessment will include current and projected job related training needs. The Training Coordinator will use the results of the assessment to develop and maintain a training plan. The assessment and plan must be reviewed and approved by the Executive Administrator and Board Chairman annually.
 2. **Attendance and Participation.** Employees must follow all guidelines established by the instructor or agency providing training.
 3. **Records.** The Business Operations Manager or designee will maintain attendance records for all APB staff training.
 4. **Scheduling and Posting of Training.** The Business Operations Manager, in conjunction with Staff Supervisors, shall schedule training courses and identify requirements for completion for all employees.
 5. **Maintenance and Security of Employee Training Files.** The Jake Coordinator shall establish and maintain employee training files in an electronic data system and in a hardcopy file. All files, regardless of medium, are to be secured at all times and only accessible to the Board Chairman, Executive Administrator, Business Operations Manager, the Jake Coordinator, the employee, and employee's direct supervisor. At the end of employment with APB, the training files will be merged with all other personnel records and maintained by HR/Fiscal Section.

C. Travel Arrangements for Training Participants. The Business Operations Manager will be responsible for ensuring travel arrangements are made for all employees whether in-state or out-of-state. All expenses must be approved by the Chairman before they can be incurred.

1. Meals and Lodging. Reimbursements or Per Diem rates will be in accordance with State guidelines which are based on the General Service Administration (GSA) Federal Travel Regulations. Meals and Lodging will only be reimbursed if an employee is required to stay overnight.

2. Transportation. State vehicles are recommended for use when traveling to training events. An employee who chooses not to take an available state vehicle will not be reimbursed for mileage driven without prior approval of the Chairman. Mileage reimbursement will be based on the distance between Little Rock and the destination city or the employee's residence and the destination city (if leaving from home), whichever is the shortest distance.

D. Training Resources. The Business Operations Manager, in conjunction with the Executive Administrator, shall ensure that a listing of available resources is accessible to APB employees. To meet training requirements, supervisors are encouraged to use national, state, and local resources, e.g. local libraries, corporations, colleges, schools, and other state agencies.

E. Recommending Training Programs. Supervisors are encouraged to contact the Business Operations Manager or designee if there are training opportunities available for their employees that they would like to obtain more information about and possibly schedule. The Business Operations Manager or designee must be notified in writing.

F. Requests and Approval of Training. All training not presented by the APB requires prior approval which can be obtained by completing the "Training Request Form" (Attachment 2). Failure to obtain approval before attending may result in the employee paying for the course and/or not receiving credit. The form shall be completed in the following order:

1. Employee Requesting Training (complete course information)
2. Employee's Immediate Supervisor (approval signature)
3. Business Operations Manager (if cost or state vehicle requested)
4. Board Chairman (approval signature)

****NOTE:** This process does not replace any registration requirements mandated by course providers (e.g. Department of Finance & Administration - Inter Agency Training Program, Department of Correction, or Arkansas Community Correction).

G. Training Credit

1. All classes must be job related, approved in advance, and successfully completed in order to receive credit.
2. The HR/Fiscal Section will update the employee's training file with the appropriate amount of credit after receipt of documentation showing completion.
3. If an employee attends a conference, seminar, and meeting on his or her personal time he or she may request credit for any portion which is job-related. Upon completion of the training activity, the employee must submit all necessary documentation to his or her immediate supervisor who will make a request to the Board Chairman for review. The Chairman will make the final determination regarding any credit to be given for training. If approved, the employee's training record will be updated accordingly.

V. FORMS.

Attachment 1: Minimum Required Training Hours

Attachment 2: Employee Acknowledgement

Attachment 3: Training Request Form

**Arkansas Parole Board
Minimum Required Training Hours**

FLSA Status	Orientation Hours	Annual Training Hours
All Exempt Employees as determined by DFA - Office of Personnel Management and any employee is a supervisory position	40	40
All Non-Exempt Employees as determined by DFA - Office of Personnel Management in a non-supervisory position.	40	16

Employee Acknowledgement of Employee Training Policy

Please acknowledge by signing that you received, read, and understand the Arkansas Parole Board Administrative Directive:

17-05 Employee Training

I understand it is my responsibility to read it thoroughly and ask questions of my supervisor if I don't understand it. All employees or officials of the Arkansas Parole Board are responsible for complying with all pertinent policies, directives, and memorandum. The Business Operations Manager will place a signed copy of this form in your personnel file.

This form must be signed and returned within five days of receipt.

_____ Employee Printed Name	_____ Employee Signature	_____ Date
_____ Supervisor Printed Name	_____ Supervisor Signature	_____ Date

Arkansas Parole Board
Training Request Form
PLEASE PRINT THIS FORM

Use this form to request training attendance approval and credit for non-ABP training activities. This form is to be submitted as indicated in "AD 17-05 Employee Training" before taking the training. Attach any necessary documentation. You will be given a copy for submission when training is completed as described in the "Request for Credit Approval" section below.

Employee's Name _____ Personnel Number _____
Employee's Section _____ Request Date _____
Course Title _____ Training Sponsor _____
Training Location _____ Training Date(s) _____

Briefly describe how this program will support your current responsibilities or future goals for your position:

Will this information be shared with other agency staff YES NO

If yes, how will you share? _____

REQUEST FOR COURSE APPROVAL

Approval & Signature indicates that the training is job-related

Supervisor APPROVED DENIED _____
Signature _____ Date _____

Training Coordinator APPROVED DENIED _____
Signature _____ Date _____

COMPLETE THIS SECTION ONLY IF AGENCY FUNDS OR A STATE VEHICLE IS REQUIRED

The employee is responsible for making any necessary travel arrangements after receiving approval.

ESTIMATED COST

Transportation \$ _____
Registration \$ _____
Lodging \$ _____
Meals \$ _____
Miscellaneous \$ _____
Total \$ _____

For Fiscal Section Use Only

Is a state vehicle available? YES NO

Are funds available? YES NO

Agency Fiscal Manager's Signature

Date

NOTE: Please add supporting documentation for out-of-state travel.

Board Chairman APPROVED DENIED _____
Signature _____ Date _____

REQUEST FOR CREDIT APPROVAL

Submit the copy retained, with this section completed, upon completion of training.

Requesting Employee's
Initials

Training Hours Requested _____ Certificate Attached

No certificate issued, but I have initialed (on the attached agenda) the classes that I attended.

I certify that I partially participated in the training described above by attending only _____ hours.

I have initialed (on the attached agenda) the classes that I attended.

Supervisor's Signature

Training Coordinator's Signature

Board Chairman's Signature