



State Employee Mentoring Request Form

The State Employee Mentoring Leave Program allows full-time employees in the state to spend up to 90 minutes of regularly scheduled work time per two-week pay period mentoring with any program recognized as a Gold Star Program. To view the list of Gold Star Programs visit: <https://mentorkansas.org/State-Employee-Mentors>

EMPLOYEE INFORMATION

Employee Name: _____

Work Address: _____

State Agency: _____

Employee ID: _____

Work Phone: _____

Official Job Title: _____

MENTOR PROGRAM INFORMATION

Mentoring Program Name: _____

Mentoring Program Address: _____

PROPOSED MENTORING SCHEDULE

Day(s) of Week: Monday [] Tuesday []

Wednesday [] Thursday [] Friday []

Start Date: _____ End Date: _____

Hours: From _____ To _____

I verify that if approved to participate in the State of Kansas Mentoring Leave Program, I will follow Executive Order 08-10 and Bulletin 08-03 and any subsequent bulletins, regulations, executive orders, and guidelines covering this program issued by the Governor's Office, Division of Personnel Services, and my agency, as well as guidelines issued by the program or school in which I volunteer.

Employee Signature: _____ Date: _____

SUPERVISOR REVIEW

Comments: _____

Request Approved/Denied: _____

Supervisor Signature: _____ Date: _____

Agency Head/Designee Signature: _____ Date: _____

MENTORING COORDINATOR REVIEW

I verify that the above employee has been approved and matched as a mentor with our organization, and that the employee's proposed mentoring schedule is valid.

Mentor Coordinator Signature: _____ Date: _____

Note: The completed form should be kept on file in the Agency Human Resources Office.