



State of Kansas - Division of Personnel Services
Kansas Mentors Program: State Employee Mentoring Request

Employee Name:

Employee ID:

Work Phone:

Official Job Title:

Agency/Division or Bureau:

Work Address:

Visit http://community.ksde.org/Default.aspx?tabid=5194 for a list of approved mentoring organizations. Mentoring Program Name:

Mentoring Program Address:

Mentor Coordinator:

Phone:

Proposed Mentoring Schedule:

Day(s) of Week:

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

Visit http://community.ksde.org/Default.aspx?tabid=5194 for a list of approved mentoring organizations.

Request approved: Request denied:

Comments:

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.