

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

SkillBridge Request to Participate Form

Instructions: Department requesting to participate in SkillBridge must fill out this form completely. Obtain needed signatures and return to State SkillBridge Program Coordinator with attachments.

Position Title: _____

Department: _____

Division: _____

Branch: _____

Office / Section / Unit: _____

Address: _____

Mentoring Site

Supervisor Name: _____

Mentoring Site

Supervisor Title: _____

Email / Phone: _____

- Geographic Location:
- 'Ewa
 - Waipahu to 'Aiea
 - Hālawā to Kalihi
 - 'Āina Haina to Hawai'i Kai
 - Waimānalo to Kailua
 - Wahiawā / Kunia / Mililani / Wai'anae

- Downtown
- Mānoa to Kāhala
- Kāne'ōhe to Kualoa
- Ka'a'awa to Kahuku
- North Shore

- Worksite Location:
- In Office
 - Telework
 - Hybrid

days teleworking: Mon Tue Wed Thu Fri

Shift Work: Yes No
 If "yes," what are the shift times? _____

Available Parking Location: _____

Any needed special requirements: _____

Recommendation:

Approve Disapprove

Approve

Disapprove

Branch Chief Signature

Division Administrator Signature

Approve Disapprove

Approve

Disapprove

Director (or Designee) Signature

State SkillBridge Coordinator Signature

NOTE: Attach copies of the Position Description and the approved Training Plan when submitting this form.

HRD Form 360 SkillBridge Request to Participate Form Instructions

- 1. POSITION TITLE** - Enter the requested SkillBridge Position Title.
- 2. DEPARTMENT** – Enter the Host Agency / department’s name (example, Department of Health)
- 3. DIVISION**– Enter the full division name (example, Division of Forestry and Wildlife).
- 4. BRANCH** – Enter the full branch name.
- 5. OFFICE / SECTION / UNIT** – Enter the full office or section name, if applicable. If none, put “N/A.”
- 6. ADDRESS** – Enter the physical address of the work site.
- 7. MENTORING SITE SUPERVISOR NAME** – Enter the name (First, MI, Last) of the identified supervisor
- 8. MENTORING SITE SUPERVISOR TITLE** - Enter the title of the mentoring site supervisor
- 9. MENTORING SITE SUPERVISOR EMAIL** - Enter the Mentoring Site Supervisor’s work email address.
- 10. GEOGRAPHIC LOCATION** – check the appropriate box where the worksite is located. **WORKSITE LOCATION** – Check the appropriate box for where the work is to be done – in the office, in a telework setting, or a hybrid / mix of the two options. If “telework” is checked, that means that the Participant will telework 100% of the time.
- 11. HYBRID DAYS TELEWORKING** – Check the boxes that correspond to the days the Participant will telework.
- 12. SHIFT WORK** – Check the appropriate box to indicate whether the Participant is working a shift (“yes”) or not (“no”).
- 13. SHIFT TIMES** – If the Participant is working a shift, indicate the shift times in this area. If no shifts are worked, put “N/A.”
- 14. PARKING LOCATION** – indicate the location of available parking for the Participant. If there is no available parking, put “N/A.”
- 15. SPECIAL REQUIREMENTS** – Annotate any special requirements like background checks, job-related certifications, etc. that the Participant must have or have completed as a part of the SkillBridge Program.
- 16. RECOMMENDATIONS** – Have the Branch Chief, Division Administrator and Departmental Director (or designee) sign and date in their respective areas to indicate approval of the program’s participation in the SkillBridge Program. The State SkillBridge Program Coordinator will sign and date the form upon receipt from the program to indicate approval of the program’s participation.

Upon completion, send a pdf copy of the completed and signed form to the State SkillBridge Program Coordinator at dhrd.skillbridge@hawaii.gov. Retain copies of this document for a period of two years from the Participant’s departure.

Questions about completing this form shall be directed to the State SkillBridge Program Coordinator via email at dhrd.skillbridge@hawaii.gov.