

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

SkillBridge Request to Participate Form

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

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Branch: \_\_\_\_\_

Office / Section: \_\_\_\_\_

Address: \_\_\_\_\_

Mentoring Site \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Mentoring Site \_\_\_\_\_

Supervisor Title: \_\_\_\_\_ Email: \_\_\_\_\_

- Geographic Location: [ ] 'Ewa [ ] Downtown [ ] Waipahu to 'Aiea [ ] Mānoa to Kāhala [ ] Hālawā to Kalihi [ ] Kāne'ōhe to Kualoa [ ] 'Āina Haina to Hawai'i Kai [ ] Ka'a'awa to Kahuku [ ] Waimānalo to Kailua [ ] North Shore [ ] Wahiawā / Kunia / Mililani / Wai'anae

- Worksite Location: [ ] In Office [ ] Telework [ ] Hybrid days teleworking: [ ] Mon [ ] Tue [ ] Wed [ ] Thu [ ] Fri

Shift Work: [ ] Yes [ ] No If "yes," what are the shift times? \_\_\_\_\_

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 3XX SkillBridge Request to Participate Form Instructions

HRD Form 3XX is for Participants desiring participation with the State of Hawai'i in the DOD SkillBridge Program. The following are instructions to facilitate completion of the HRD Form 3XX.

## DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT SkillBridge Request to Participate Form

**Instructions:** *Department requesting SkillBridge Participant is to fill out this form completely. Obtain needed signatures and return to State SkillBridge Program Coordinator with attachments.*

- 
1. Position Title: \_\_\_\_\_
  2. Department: \_\_\_\_\_
  3. Division: \_\_\_\_\_
  4. Branch: \_\_\_\_\_
  5. Office / Section: \_\_\_\_\_
  6. Address: \_\_\_\_\_
  7. Mentoring Site  
Supervisor Name: \_\_\_\_\_
  8. Mentoring Site  
Supervisor Title: \_\_\_\_\_
  9. Email: \_\_\_\_\_
10. Geographic Location:
- |  |   |
|--|---|
| <input type="checkbox"/> 'Ewa                                  | <input type="checkbox"/> Downtown           |
| <input type="checkbox"/> Waipahu to 'Aiea                      | <input type="checkbox"/> Mānoa to Kāhala    |
| <input type="checkbox"/> Hālawā to Kalihi                      | <input type="checkbox"/> Kāne'ōhe to Kualoa |
| <input type="checkbox"/> 'Āina Haina to Hawai'i Kai            | <input type="checkbox"/> Ka'a'awa to Kahuku |
| <input type="checkbox"/> Waimānalo to Kailua                   | <input type="checkbox"/> North Shore        |
| <input type="checkbox"/> Wahiawā / Kunia / Mililani / Wai'anae |   |
11. Worksite Location:
- |                                    |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| <input type="checkbox"/> In Office |  |  |  |  |  |
| <input type="checkbox"/> Telework  |  |  |  |  |  |
12.  Hybrid days teleworking:
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mon                      | Tue                      | Wed                      | Thu                      | Fri                      |

- Hālawā to Kalihi
- 'Āina Haina to Hawai'i Kai
- Waimānalo to Kailua
- Wahiawā / Kunia / Mililani / Wai'anae
- Kāne'ōhe to Kualoa
- Ka'a'awa to Kahuku
- North Shore

**Worksite Location:**

- In Office
  - Telework
  - Hybrid
- days teleworking:     Mon     Tue     Wed     Thu     Fri

**13. Shift Work:**     Yes     No

**14.** If "yes," what are the shift times? \_\_\_\_\_

**15. Parking Location:** \_\_\_\_\_

**16. Special Requirements:** \_\_\_\_\_

(i.e., background checks, certifications, etc.)

**17. 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.  
2024.06.25

1. **POSITION TITLE** - Enter the Participant's SkillBridge Position Title.
2. **DEPARTMENT** – Enter the participating 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** – 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. **Currently, it is set only for the Island of O'ahu, but can include neighbor islands as the program expands.**
11. **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.
12. **HYBRID DAYS TELEWORKING** – Check the boxes that correspond to the days the Participant will telework.
13. **SHIFT WORK** – Check the appropriate box to indicate whether the Participant is working a shift (“yes”) or not (“no”).
14. **SHIFT TIMES** – If the Participant is working a shift, indicate the shift times in this area. If no shifts are worked, put “N/A.”
15. **PARKING LOCATION** – indicate the location of available parking for the Participant. If there is no available parking, put “N/A.”
16. **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.
17. **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](mailto: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](mailto:dhrd.skillbridge@hawaii.gov).