# APR18'19 PM 1:18 DAS



# rap



Jeffrey A. Meyers Commissioner

## STATE OF NEW HAMPSHIRE

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### OFFICE OF THE COMMISSIONER

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-9389 1-800-852-3345 Ext. 9389 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 12, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

# REQUESTED ACTION

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$960.00 as follows:

Institution:

Southern New Hampshire University

2500 North River Road Manchester, NH 03106

Course Title(s):

PSY211 – Lifespan Development

Course Date(s):

Begin: 05/06/2019

End:

06/30/2019

Employee:

**Yvette Martinez** 

Funding Source:

05-95-95-953010-56770000-066-500544

Total Cost of Course(s):

\$960.00

State Share:

\$960.00

Source of Funds:

Employee Training, 100% General

His Excellency, Governor Christopher T. Sununu And the Honorable Council Page 2

## **EXPLANATION**

This course, Lifespan Development, will benefit the employee and the Department by broadening Ms. Martinez's knowledge of theories, basic concepts, and research methodologies in psychological development. She will gain an understanding of the patterns of human development, including the biological, cognitive, and socio-emotional development and how they intertwine. The roles of environmental and genetic factors, culture and history, continuity and change in development will all be explored. This will allow Ms. Martinez to better understand and interact with her client base when assisting them in receiving the help they need.

Yvette Martinez has been employed by the Department of Health and Human Services for two (2) years as a full time employee and is currently a Family Service Specialist I in the Division of Housing & Economic Stability, Bureau of Family Assistance. Yvette's duties in this position include assessing the whole-person needs of clients and referring them to other social service, employment, education, health, or vocational rehabilitation agencies to ensure their needs are met. Assisting clients in emergencies such as homelessness, loss of utilities, and lack of childcare. Clients are interviewed on the phone, in person, and in varied community locations in order to obtain pertinent information to determine and clarify eligibility for assistance. Analytical skills are an important part of her job duties, especially when applying complex and changing federal and state policies, in addition to the consistent and accurate application of rules and regulations in determining eligibility of clients for various programs. May also entail testifying at Administrative Appeal Hearings and/or court proceedings.

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous. Successful completion of the program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Jeffrey A. Meyers Commissioner



# THE STATE OF NEW HAMPSHIRE EDUCATIONAL TUITION AGREEMENT

Agreement dated this <u>25th</u> day of <u>March</u>, <u>2019</u> by and through the Department of Health and Human Services (hereinafter referred to as the "State) and <u>Yvette Martinez</u> (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

- The State shall pay to the named institution the sum of \$960.00, which monies shall be used for the purpose of enrolling the Recipient in: PSY211 Lifespan Development (course name), which course(s) is being offered by Southern New Hampshire University and which course(s) shall commence on May 6, 2019 and terminate on June 30, 2019.
- 2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
- 3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
- 4. Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
- 5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
- 6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
- 7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
- 8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT (signatu	re) UM	) wil	(printed name) Yvette Ma	artinez
NOTARY	State of New H	umpshire, County of	Hilsbrugg:	

On this the <u>25th</u> day of <u>March</u>, 20<u>19</u>, before me; <u>WCHCWANGZ</u>, the undersigned officer, personally appeared, <u>Yvette Martinez</u> (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof I hereunto set my hand and official seal.

THE STATE QF NEW HAMPSHIRE

(signature) WWW WILLIAM

(date) 4 17.19

(printed name, title) LOri Weath, Association

ed.agreement. Yvette Martinez 5-1-19 (002)

SS107W

ublic/Justice of the Peac