

Kerrin A. Rounds

Acting Commissioner

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE COMMISSIONER

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December 5, 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 \$720.00 as follows:

Institution:	NHTI-Concord's Community College 31 College Drive Concord, NH 03301
Course Title(s):	PC Applications
Course Date(s):	Begin: 01/21/2020 End: 05/08/2020
Employee:	Jeongsuk Ju
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$720.00
State Share:	\$720.00
Source of Funds:	Employee Training, 20% Federal, 80% General

EXPLANATION

This course, PC Applications, will benefit the Department and the employee by allowing Jeongsuk Ju to improve her computer skills with a review of operating systems, word processing, spreadsheets, and presentation software, as well as other hardware and software considerations. Computer skills are very important in her current position and this additional information will be invaluable in her ability to document patient care quickly and correctly. This course is also a prerequisite for entering the Nursing Program, which Ms. Ju would like to enter.

Jeongsuk Ju has been employed by the Department of Health and Human Services (DHHS) for six (6) years and is currently a Mental Health Worker in the "J" Unit of New Hampshire Hospital. Duties include assisting in admission procedures, searching for contraband, orienting the patient to the unit/hospital environment, identifying and recording the patient's valuables, and completing documentation requirements to assure good patient care. Communicates significant changes in patient status to assure safety and continuity of care. Supervises, reinforces, and supports patients, as necessary, in bathing, showering, and other hygiene needs, including insuring the patient's nutritional needs are met. Duties further include implementing individualized plans of care; providing 1:1 observation of suicidal patients, and obtaining vital signs. Purposefully observes patient behaviors, documenting objective data as well as subjective inference. Maintaining current knowledge of hospital, departmental and unit based changes and seeking opportunities to expand scope of knowledge and experience through continuing education to enhance patient care skills.

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.

Respectfully submitted,

Kerrin A. Rounds Acting Commissioner

THE STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT

Agreement dated this <u>19th</u> day of <u>November</u> 20<u>19</u> by and through the Department of Health and Human Services (hereinafter referred to as the "State) and <u>Jeongsuk Ju</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 \$ <u>720.00</u>, which monies shall be used for the purpose of enrolling the Recipient in: <u>PC Applications (course name)</u>, which course(s) is being offered by <u>New Hampshire</u> <u>Technical Institute</u> and which course(s) shall commence on <u>January 21</u> 20<u>20</u> and terminate on <u>May 08</u> 20<u>20</u>.
- 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 <u>six (6)</u> 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 (printed name) Jeongsuk Ju (signature) State of New Hampshire, County of Mennanks NOTARY urmou On this the 19th day of November, 2019, before me, In She () he undersigned officer, personally appeared, Jeongsuk Ju (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. Notary Public/Justice of the Peace THE STATE OF NEW HAMP TRISHA CONNOR, Justice of the Peace (dale) 12.13.1 State of New Hampshire (signature)

My Commission Expires December 5, 2023

(printed name, title)

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