



## LOST TIME DOCUMENTATION PROTOCOL

Each of the new worker cohorts are assigned a cohort sponsor to track lost time reports and verify that each training participant has successfully completed the lost time and is eligible for graduation and full ICWIS access. New workers are not allowed this access until they have completed the lost time and met all of the expectation of the pre-service training program. We encourage trainers, if at all possible, to make up the content with training participants to avoid having to schedule them in with another cohort to make up the time. A lost time report needs to be completed to ensure that the participant's supervisor in the county of hire accounts for this time on their time sheet. With ICWIS training, because of the size of the computer labs, trainees have to make up this content in the Counties

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**Step 1:** Training participant misses a class or more than 15 minutes of the class. The trainer of the class generates a lost time report.

**Step 2:** The trainer of the class e-mails the report to the cohort sponsor, the participant's supervisor, and Staff Development Administrative Assistant.

**Step 3:** The cohort sponsor tracks lost time and communicates with the Staff Development Administrative Assistant all participants that have not completed the pre-service trainings prior to graduation. The cohort sponsor collaboratively works with training participants to identify training dates so the lost time can be made up. The cohort sponsor notifies the trainers that the participant will be attending training to make up lost time from a previous training.

**Step 4:** The trainer and training participant verify the completion of the lost time content by e-mailing the cohort sponsor after the training has been made up.

**Step 5:** The cohort sponsor e-mails the Staff Development Administrative Assistant to verify completion. Staff development will contact ICWIS Administration to verify pre-service completion and authorize participant be given full ICWIS access.



## **Training Lost Time Report**

**Name:**

**Cohort Number:**

**Phone Number:**

**County:**

**Supervisor:**

**Date Supervisor informed of absence/lost time:**

**Date of lost time**

**Class:**

**Trainer:**

**Recommendations for Make Up:**

\_\_\_\_\_ Trainer made up Content with trainee

\_\_\_\_\_ Trainee needs to retake the entire day/days

\_\_\_\_\_ \*If trainee is required to make up entire day/days of class content, please note what days of the class