



INSTRUCTOR AGREEMENT (Training and Development Unit)

Thank you for agreeing to serve as an instructor for the Department of Corrections' Training and Development Unit. Our purpose is to build Department-wide capacity to ensure relevant classroom instruction is delivered by credible subject-matter experts. Our instructor certification program prepares correctional instructors in the skills of training delivery. Your service as an instructor is critical to the Department's mission.

Applicant name (Last, First M.)

Job classification/position

Facility/office

Address/mail stop

Work phone number

Home phone number, optional

Instructor Development:

I agree to successfully complete required instructor development course(s) and maintain instructor certification per DOC 880.100 Employee Training and Development and other applicable policies.

Curriculum:

I agree to use only Department-approved curriculum/lesson plans, materials and instruction guides in my training delivery. I understand failure to adhere to this standard may jeopardize my ability to continue as an instructor. If requested, I will assist in the development/updates of lesson content and instructional delivery materials, contributing ideas, and participating in design teams. I will stay informed of changes to the curriculum.

Classroom Expectations:

I will be punctual, prepared for class presentations, professionally dressed according to my job assignment, and observe appropriate safety protocol. I will ensure the room is left in a clean and orderly condition. I will represent the Department in a professional manner and demonstrate appreciation for the diverse views of others. I will treat students with dignity and respect at all times.

Administrative Responsibilities:

I agree to manage and submit class rosters for student attendance as required. I will document late arrivals and notify the student(s) and Training and Development Unit/Facility Performance Coordinator of any make-up work required. I will maintain confidentiality and trust with students while observing federal and/or state disclosure laws.

I agree to notify appropriate authorities and document injuries and inappropriate/illegal behavior that occurs during training. I will notify the Academy Coordinator/Facility Performance Coordinator of any concerns/issues occurring during training as soon as possible.

Notification:

I understand I am expected to conduct training when given 2 weeks' notice, unless emergency situations exist beyond my control. I understand I may be called on to instruct with little or no notice and will make reasonable efforts to accommodate such emergent needs. If unable to instruct, I will notify the Training Program Manager/Facility Performance Coordinator 5 business days before the date I am scheduled to instruct. Failure to report for an instructional assignment without providing appropriate and timely notice may jeopardize my ability to continue as an instructor.

Travel:

Given approval, I agree to travel as needed.

Organizational Support:

The Training and Development Unit will:

- Supply training resources (e.g., training materials, instructional aids, equipment)
- Reimburse costs associated with instructional duties, when applicable
- Provide training opportunities and constructive feedback to develop and/or improve instructor skills
- Make every effort to rotate the use of instructors. Operational needs and availability may impact the frequency an instructor is called on to train.
- Maintain instructor database

Instructor Feedback/Evaluation:

Training and Development Unit employees/designees will observe instructor performance and provide developmental and/or corrective feedback, as appropriate.

Instructors will maintain written documentation of feedback to submit with applications for certification. If feedback includes instructor performance deficiencies, a performance plan will be developed. A classroom evaluation will be scheduled to assess progress with the performance plan and/or feedback.

An instructor whose performance does not improve or whose conduct violates this agreement/policy may be removed from instructional duties. Instructor evaluations will not be considered in formal Performance Development Plan evaluations.

I have read and agree to abide by the instructor agreement and applicable policies.

Signature	Date
APPROVALS	

I have read and understand the requirements and responsibilities expected of the employee. I recognize the value of this service to the Department and agree to make every effort to relieve the employee, if applicable, to participate in instructor development activities and teach scheduled classes.

Supervisor	Signature	Date
Appointing Authority/designee	Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Training Program Manager	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Instructor file
COPY - Training Program Manager, Facility Performance Coordinator, Instructor, Supervisor file