



MENTOR/MENTEE MEETING REPORT

Mentee Information

Name: _____
Email: _____ **Phone:** _____

Mentor Information

Name: _____
Email: _____ **Phone:** _____

Meeting Log

	Date	Type of Contact <i>(Face to Face, Telephone, etc.)</i>	Contact Hours	Mentee Initials	Mentor Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total					

I certify that the above information is true and accurate to the best of my knowledge.

Mentee Signature *Date*

Mentor Signature *Date*

Please maintain the above information as the year progresses. Upon completion of your **Connections** commitment, both parties must certify the information represented, and send a scanned copy of the document to RobbieS.Perkins@ky.gov, **Connections** Sponsor, and Anitra.Williams@education.ky.gov, **Connections** Coordinator.

Professional development hours earned through participation in the **Connections** Mentoring Program will be recognized by the Personnel Cabinet as career development for the Annual Employee Performance Evaluation. All hours must be documented on this report and approved by the Kentucky Chapter IPMA-HR. Upon approval, the **Connections** Coordinator will record the training credit directly into KELMS for participating agencies. Paper certification of training hours will be provided for any members working for non-participating agencies.

FOR ADMINISTRATIVE USE ONLY

CREDIT RECORDED BY: _____ **DATE:** _____