



A Nurse Mentoring Program at UMC

## **3 Month Transition Contract/Agreement**

*UMC Employee transitioning to GN/RN*

We (Mentor & Mentee) are entering into a mentoring partnership, which we expect will benefit both of us. We want this to be a rewarding experience with most of our time spent on professional developmental activities. The following components are expectations that are mutually agreed upon:

1. The formal mentoring partnership will last for **3 months**.
2. The two of us will meet minimally face-to-face, once a month for 3 months. We will also communicate by phone, email, etc. as situations arise/as needed.
3. When scheduling face-to-face monthly meetings we agree to be flexible and understanding.
4. In depth issues will be handled in a face-to-face manner.
5. We agree to the responsibilities of mentor and mentee are as outlined in the New Hire Support/Mentor Program Policy, **NA 162.0**.
6. We agree to be trustworthy, respectful, and supportive of each other, to communicate effectively with each other, and to keep confidential all patient and personnel issues.
7. We agree that if the partnership is no longer a good “match” for either the Mentor or the Mentee, we will respectfully discuss this with the Mentor Program Director for action.
8. Mentee agrees to complete an evaluation at the end of the program as described by the New Hire Support/Mentor Program Policy, **NA 162.0**.

### **Return Contract with Month 1 Agenda to Nursing Recruitment**

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*Mentee Printed Name*

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*Mentor Printed Name*

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*Mentee Signature*

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*Mentor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*