



**COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM
WORK EXPERIENCE TO GAIN EMPLOYMENT**

PAID WORK EXPERIENCE AGREEMENT

This Work Experience Program is made by and between _____ County Department of Job and Family Services and employer, _____, for the purpose of providing a work experience to _____.
(Participant's Name)

All parties agree that the work experience and related training will be offered in a way that is consistent with each employer's training/probationary period; provide appropriate levels of supervision; to assist the participant to attain work readiness skills, and to comply with all applicable rules, regulations, and laws listed below.

I. EMPLOYER INFORMATION

Organization/Business Name:	
Address of Employer:	
Employer/ Supervisor Contact Name and Title <input type="checkbox"/> Check if Report/call in absence	Acceptable Method of Communication <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Fax: _____
Employer's Human Resource Name and Title <input type="checkbox"/> Check if Report/call in absence	Acceptable Method of Communication <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Fax: _____

II. CDJFS INFORMATION

Organization/Business Name: _____ <i>County Dept. of Job and Family Services/OhioMeansJobs Center</i>	
Address of CDJFS:	
Case Manager's Contact Name/Title	Acceptable Method of Communication <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____ <input type="checkbox"/> Fax: _____

III. EMPLOYER TERMS

The employer will serve as employer of record and maintain this responsibility for the participant while authorized under this agreement and will maintain all payroll records. CDJFS will reimburse employer for participant hours worked, as verified by copy of submitted payroll and evaluation sheet. Allowable reimbursement also includes workers compensation and FICA (Federal Insurance Contributions Act) tax.

Employer agrees to pay each participant at least minimum wage or wage paid to similar employees for the number of hours worked. The employer agrees to pay the participant the wages set by the employer's policies.

CDJFS will reimburse the employer the participant's wage, no more than 40 hours a week and up to 8 weeks and/or 320 hours probationary period to determine if the participant can retain employment after the agreement.

Name of Participant: _____	
Address: _____ _____	Phone: _____ Email: _____
Work Experience Term From: _____ to _____	Work Schedule M T W Th F S Su = Total/week _____ Start time _____ End time _____
Hourly Rate <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	Weekly Max Hrs allowed for reimbursement 40 <i>*no holiday or overtime</i>
Total work experience allocation: \$ _____	Payroll Reimbursement to employer: <i>Monthly</i>

IV. WORK EXPERIENCE LEARNING OBJECTIVES

Participant's Position Title: _____
Tasks/Duties of this position: <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____
Work Attire: _____

V. DUTIES OF EMPLOYER

Employer agrees not to exceed the total allocated amount listed in this agreement

The employer agrees to submit to payroll information and participant's evaluation, no later than the 10th day of the following month.

If successfully completes the probationary period, the employer agrees to retain the participant as their employee.

The employer certifies the position to be filled by the participant is an open position and will not result in the displacement of another employee or one that has been laid off.

The employer agrees to notify the CDJFS immediately regarding any changes or employment status of the employee.

Employer agrees to provide proper supervision for the participants at all times during working hours. An alternate supervisor will be designated in event of the regular supervisor's absence.

Employer agrees to provide orientation to the work duties. Employer agrees to provide safe and healthy working conditions for the participant with all applicable child labor laws.

Employer agrees to work closely with the WIOA/CCMEP case manager to ensure participant are performing acceptable work requirements/attendance. Employer agrees to notify the case manager immediately of any work-related injury or incident involving the participant within 24 hours after the injury or incident occurs.

VI. DUTIES OF CDJFS

CDJFS agrees to subsidize the participant's wages including, fringe benefits, excluding healthcare.

CDJFS agrees to reimburse the employer for actual cost incurred based on invoices submitted by the employer.

CDJFS's WIOA/CCMEP case managers agrees to work closely with participant and the employers to assure the participant are on task with their job duties and to resolve and handle all complaints.

VII. DUTIES OF THE PARTICIPANT

Participant understands and agrees to work schedule (days and hours) and agrees to regular attendance. Participant will understand the employer's procedure of how, when, and who to call in to, if unable to report to work and/or tardy.

Participant understands the nature of the job and the duties required to successfully complete the job components, and understands the appropriate work attire.

Participant agrees to the rules and requirements as explained and agree to be on time, ready to learn and work and cooperate with employer supervisor.

Participant agrees to attend any additional job readiness, workshops, classes and/or summer school that are part of the training program.

Participant will work with CDJFS closely and will notify WIOA/CCMEP case manager of any problems, resulting in not completing work requirements.

VIII. AMENDMENTS

Amendments may be made by either party with the mutual consent of CDJFS and the employer.

IX. TERMINATION

Either party may terminate this agreement by serving 15 day written notice of termination.

X. SIGNATURES

CDJFS	
Print Name: _____	Date: _____
Signature: _____	Title: _____

EMPLOYER AGENCY	
Print Name: _____	Date: _____
Signature: _____	Title: _____

PARTICIPANT	
Print Name: _____	Date: _____
Signature: _____	
Parent/Guardian: _____	Date: _____
Signature (if under 18)	