

## Participant Work Site Agreement

Participant \_\_\_\_\_

Employer or work site \_\_\_\_\_

Job title \_\_\_\_\_

Street address \_\_\_\_\_

Case manager \_\_\_\_\_

City or town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_

Email and phone number \_\_\_\_\_

Supervisor \_\_\_\_\_

Type of placement:

Phone number \_\_\_\_\_

Work, Training, and Education (WTE)

Community Service Placement (CSP)

Worker's compensation and liability coverage will be provided by DCF.

### Work Schedule:

Start date: \_\_\_\_\_ Hours per week \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
from	_____	_____	_____	_____	_____	_____	_____

to	_____	_____	_____	_____	_____	_____	_____
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(From...to..., example 8 a.m. to 11 a.m., 1 p.m. to 3 p.m., 11 p.m. to 7 a.m. Fill in for each day of work.)

### Education Schedule (if applicable):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
from	_____	_____	_____	_____	_____	_____	_____

to	_____	_____	_____	_____	_____	_____	_____
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By signing below, I agree that I have read and understand the statements on this form and on the Work Site Agreement. I agree with these statements and I have been given a copy of these forms.

\_\_\_\_\_  
Participant signature Date: \_\_\_\_\_

\_\_\_\_\_  
Case manager signature Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized signature for work site Date: \_\_\_\_\_

\_\_\_\_\_  
Department of Personnel office review (if placed at state agency) Date: \_\_\_\_\_

\_\_\_\_\_  
Bargaining unit agent signature Date: \_\_\_\_\_

Distribution      White: file      Yellow: work site supervisor      Pink: participant

## Work Site Nondisplacement Certification

1. No individual at the same work site is on layoff from the same or any substantially equivalent job.
2. The employer has not terminated the employment or reduced the regularly scheduled hours of any regular full-time employee or otherwise caused an involuntary reduction of its workforce capacity to fill the vacancy so created with a participant of the Reach Up program.
3. The employment or placement of the Reach Up participant is not the result of a strike, lockout, or other bona fide labor dispute.

## Bargaining Unit Authorization (Complete only if a bargaining unit exists.)

The bargaining unit agent's signature on the other side of this form certifies that employment of the participant named on the reverse will result in no violation of the applicable bargaining unit agreement.

When completed, this form and its attachments make up the agreement for each participant placed at this work site.

### Attachments

	Copy of Work site Agreement (625WA)	Job description with placement goals	Sample Participant Attendance Report (625AR)	Sample Participant Evaluation (625PE)
Reach Up Participant file	X	X		
Work site Participant	X	X	X	X