Participant Worksite Assignment Form

Contractor:

|  |  |
| --- | --- |
| Participant Name:  | Application ID#: |

***CONGRATULATIONS!***

You have completed the enrollment process and are now a participant in the Learn & Earn Summer Internship Program.

***Please report to the worksite listed below to begin your internship opportunity:***

**Worksite Name:**

**Address:** Street

Borough

Zip Code

**Worksite Supervisor:**

Telephone #:

**On This Day & Date:**

**At this time:**

a.m

p.m

Please be punctual when reporting to work and in case of an emergency contact the worksite, and this office at ( ) \_- .

***Good Luck!***

|  |  |
| --- | --- |
| Participant Signature:  | Date: |
| DYCD Contractor Signature:  | Date: |

***Upon reporting to work, the Participant and Worksite supervisor must review, discuss, and sign below and place a copy of this form in the participant’s folder. (The original form must be returned to the Contractor Monitor with the 1st timesheet.)***

# Participant Responsibilities

I understand that my employer is depending on me to perform valuable services, and by signing I agree to:

* Maintain a good attendance record and arrive for work on time.
* Dress appropriately and present a neat appearance.
* Cooperate and follow directions when given a task to complete.
* Show initiative by looking for things to do or learn.
* Be respectful to myself as well as my supervisor and co-workers.

|  |  |
| --- | --- |
| Participant Signature:  | Date:  |
| Parent/Guardian Signature:  | Date: |

# Employer Responsibilities

I understand that this student wants to work and gain valuable skills for a productive future; therefore, by signing I agree to:

* Provide an environment that will help this Participant to see the connections between school and work.
* Provide feedback on the participant’s performance so that the participant can learn and grow.
* Respect the participant as a youth and an individual; and provide the required training to ensure they receive a realistic work experience.

|  |  |
| --- | --- |
| SIP Worksite Supervisor Signature:  | Date: |

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| **Weekly Work Schedule** |
| Monday | From  | To  | Total Hours |
| Tuesday | From  | To  | Total Hours |
| Wednesday | From  | To  | Total Hours |
| Thursday | From  | To  | Total Hours |
| Friday | From  | To  | Total Hours |
| Saturday | From | To | Total Hours |
| Sunday | From  | To  | Total Hours |
|  |  | Total Weekly Hours: |
|  | **TOTAL HOURS ALLOCATEDTO WORKSITE:****(No. of Work Weeks (x) Total Weekly Hours)** |

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| **Each participant must be evaluated during the 2nd and 5th week of the program.** |
| 1st Evaluation Date:  | 20  | 2nd Evaluation Date:  | 20 |