



Youth Employment PARTICIPANT CONTRACT

WIOA Youth Regular: ISY: ___ OSY: ___
WIOA Youth Summer: ___ TANF: ___
Other: MYP: ___ Re-Entry: ___
YouthBuild: ___ Documented Disability: ___

Participant

Name _____
Address _____
Phone # (_____) _____
Job Title _____
Starting Date _____
Ending Date _____

Worksite

Name _____
Address _____
Phone (_____) _____
Supervisor _____
Hrs/Week _____ Rate of Pay _____
Total Hours _____

What to do in case of an absence:

If I cannot make it to work, I will call my supervisor at _____ (phone #) before _____ (time).

Reasons for Termination:

I understand that I may be terminated from my job for any of the following reasons:

1. Failure to report for work at assigned time
2. Failure to obey reasonable direction given by worksite supervisor
3. Theft or turning in fraudulent time sheets
4. Inappropriate behavior on the job
5. Reporting for work under the influence or in possession of alcohol or drugs

Job Responsibilities:

I understand that pre-employment skills will be assessed and addressed as part of the program. _____

I have received an orientation. _____

I understand that work maturity skills will be assessed and addressed as part of the program. _____

I understand the Employee Right to Know Act. _____

I have read and understand this contract. _____

WDI Staff Signature

Date

Participant Signature

Date

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