

## Participant Worksite Assignment Form

DYCD Contractor \_\_\_\_\_

Participant Name: \_\_\_\_\_ Intake ID#: \_\_\_\_\_

### **CONGRATULATIONS!**

You have completed the enrollment process and are now a participant in the Train & Earn 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 1<sup>st</sup> 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: \_\_\_\_\_

Program Year \_\_\_\_\_

## 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.

Worksite Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Year \_\_\_\_\_

## 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 ALLOCATED TO WORKSITE:**  
**(No. of Work Weeks X Total Weekly Hours)**

\_\_\_\_\_  
\_\_\_\_\_