

## Workforce Protégé Contract

Agency
<b>Central MN Jobs and Training Services, Inc.</b> P.O. Box 720 Monticello, MN 55362 763-271-3700 763-271-3701 Fax

Employer (Workforce Protégé Provider)		
Contract #		
Name		
Address		
City	State	Zip
Fed ID #		
Phone		

**THIS agreement** is entered into between Central Minnesota Jobs and Training Services, Inc. (CMJTS) and the above named Workforce Protégé (WP) Provider. The parties agree that the WP Provider shall employ and perform training services outlined in the WP Agreement for the Youth Participant for the period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

### AGREEMENT

**IT IS THE INTENT** of this agreement to document the anticipated training costs incurred by CMJTS and the WP Provider while the youth participant is enrolled and active in the Workforce Protégé program.

### Workforce Protégé Partnership Agreement between CMJTS and WP Provider

Est. Hours Per Training Week	Total Training Weeks	Total Training Hours	Hourly Wage	Hourly Wage with Benefits	WP Provider Hourly Match	Total Obligation By WP Provider
WP Youth Participant			CMJTS Youth Employment Specialist			
Name			Name			
Address			Address			
City	State	Zip	City	State	Zip	
Emergency Contact Name			Phone (include area code)			
Emergency Contact Phone (include area code)			Email			
WP Job Title						

**IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the dates shown below.**

Workforce Protégé Provider	Title
<b>Signature</b>	Date
Agency <b>Central Minnesota Jobs and Training Services, Inc.</b>	Title
<b>Signature</b>	Date

## Workforce Protégé Agreement

<b>Participant Information</b>	Last Name	First Name			MI		
Agency		Job Title					
Start Date		End Date		Phone number (including area code)			
<b>Weekly Work Schedule</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Maximum hours worked per week				Total Maximum hours worked per term of Agreement			
<b>Participant Responsibilities</b>							
<p><b>I understand that my supervisor is depending on me to perform valuable services, so I will:</b></p> <ul style="list-style-type: none"> <li>▪ Maintain good attendance, arrive for work on time, and notify my supervisor beforehand if unable to be at work</li> <li>▪ Perform duties in a competent and safe manner</li> <li>▪ Dress appropriately and present a neat appearance</li> <li>▪ Cooperate, be courteous to others, be honest, be willing to learn and follow directions</li> <li>▪ Show initiative by looking for things to do or learn</li> <li>▪ Work the assigned hours as written above</li> <li>▪ Abide by all rules and policies of the agency including confidentially</li> </ul>							
<b>Youth Participant Signature</b>						Date	
<b>Supervisor Responsibilities</b>							
<p><b>I understand that this person wants to work and gain valuable skills for a productive future, so I will:</b></p> <ul style="list-style-type: none"> <li>▪ Provide face-to-face mentoring for youth at least 15 minutes per week during the length of this agreement</li> <li>▪ Give the trainee a job that will help him/her see the connections between this training and their employability</li> <li>▪ Provide feedback on the trainee's performance so that he/she can learn and grow</li> <li>▪ Evaluate the trainee's performance using his/her SCANS evaluation and timesheets</li> <li>▪ Keep the employment specialist informed (i.e. discipline, performance)</li> <li>▪ Double check timesheets before signing them, to ensure trainee has worked the hours recorded</li> </ul>							
<b>Supervisor Signature</b>						Date	
<b>Alternate Supervisor Signature</b>						Date	
<b>CMJTS Employment Specialist Responsibilities</b>							
<p><b>I understand that the participant and the Agency are depending on my services to place the trainee in beneficial worksite, so I will:</b></p> <ul style="list-style-type: none"> <li>▪ Place the participant in a beneficial worksite</li> <li>▪ Provide both the participant and worksite supervisor a pre-employment orientation</li> <li>▪ Provide case management and mediation services as necessary</li> <li>▪ Follow up on any concerns of the participant and/or supervisor/s</li> <li>▪ Complete paperwork for CMJTS to pay the wages, workers compensation, and FICA (Workforce Protégé is not covered by unemployment insurance)</li> </ul>							
<b>Employment Specialist Signature</b>						Date	

**Note: Any changes to this document must be made in person and in writing with supervisor, trainee, and employment specialist.  
 If the trainee obtains unsubsidized employment, this Agreement will end.**

Upon request, this material can be made available in an alternate format.