## Community Jobs Participant Agreement

1. I agree to provide accurate information that is required to participate in the program, such as information regarding my income, address, etc. on all documents.
2. I agree to attend all scheduled workshops, classes, and meetings or to give 24 -hour notice in advance in the case of necessary absence.
3. I agree to notify both my Case Manager and Worksite Supervisor as soon as possible if I am ill and unable to attend.
4. I agree to come to all activities on time.
5. I agree to notify the Case Manager if I decide to leave the program.
6. I agree to participate in all aspects of the program as described in the Program Orientation.
7. I agree to follow the rules and responsibilities as outlined in the Program Orientation.
8. I agree that I have participated in the Community jobs program orientation and the program has been explained to me.
9. I agree that the Case Manager may discuss my performance with worksite supervisors and DSHS WorkFirst Case Managers.
10. I agree to retention services after unsubsidized employment, which could include contacting by future employers.
11. I agree to work at an agency for a minimum of 20 hours per week and attend scheduled workshops, classes, and meetings for up to 40 hours per week.
12. I understand that I will be paid minimum wage for time documented by the worksite during the paid portion of my Community Jobs training.
13. I understand that I will not be paid for the hours that I attend workshops classes and meetings.
14. I agree to document all hours worked on the timesheets provided.
15. I will be responsible for signing timesheets verifying hours worked.
16. I understand that failure to accurately complete my timesheet may result in a delay in payment.
17. For approved holiday pay: If you are scheduled to work five (5) 4-hour days and a holiday falls on your scheduled workday, you will be paid for 4 hours of holiday pay. If you work four (4) 5 hour days and the holiday falls on your day off, you will not be paid for that day

## Participant Signature

Case Manager

## Date

## Date

