

EXPANDED SUBSIDIZED EMPLOYMENT AGREEMENT

Employee Name:	Agreement#	CIN:
Employee Job Title:		
Job Description/Duties:		
Employer Name:	California Tax Identification Number:	
Employer Contact Name:	Contact Job Title:	
Address:	City, State, Zip:	
Phone/Fax Number:	Email Address:	
Workers Compensation Carrier:	Policy Number:	
Date of Policy:		
Service Provider Name:		
Address:	City, State, Zip:	
Phone/Fax Number:	Business Services Representative /Job Developer:	

- I. The San Diego Workforce Partnership, in conjunction with the _____ (Service Provider), and _____ (Employer) enter into this Agreement to provide employment services in accordance with the paragraphs below.
- II. The term of this agreement is from _____ through _____.
- III. **The Employer agrees to:**
 - a. Provide employee with reasonable and proper supervision and instruction as it pertains to their duties and work activities;
 - b. Issue wages to employees in compliance with all federal, state, and local laws;
 - c. Adhere to all assurances and certifications outlined in **Exhibit B-2**. Failure to comply with assurances and certifications can result in formal investigations and/or penalties;
 - d. Upon successful completion of program, retain the employee in unsubsidized employment, in accordance with the employer's policies and practices;
 - e. Maintain ongoing communication and feedback with the employee on the progress of learning the job;
 - f. Maintain appropriate standards for health and safety in work situations;
 - g. Maintain ongoing communication with Service Provider;
 - h. Provide access to the San Diego Workforce Partnership or their designees, to visit, monitor, or observe the subsidized employment site and interview employee and supervisor(s) with due notice;
 - i. Complete the Midpoint and Completion Questionnaire (**Exhibit B-4**); and
 - j. Submit invoice(s) (**Exhibit B-5**), including paystubs, within thirty (30) business days of the last day worked in the reimbursement phase.
- IV. **The Employee Agrees to:**
 - a. Save paycheck stubs;
 - b. Maintain monthly contact with the Business Service Representative/Job Developer; and
 - c. Participate in both mid-point and final review of subsidized employment.
- V. **The Service Provider agrees to:**
 - a. Maintain ongoing communication with the employer and employee on the progress of learning the job;
 - b. Complete the Midpoint and Completion Questionnaire with the Employer and participant (**Exhibit B-4**);
 - c. Submit invoices, within two (2) business days of receipt, to the San Diego Workforce Partnership for payment; and
 - d. Collect and retain paystubs for the employee.
- VI. **The San Diego Workforce Partnership agrees to:**
 - a. Issue payments to employer for subsidized employment on straight-time worked, (**SDWP will not reimburse the following:** vacations, holidays, sick leave for the first 90 days of employment, personal leave, union dues, jury duty, commissions, bonuses, or overtime compensation for work in excess of the maximum hours per week authorized by law) within thirty (30) business days of receipt of accurate invoice from Service Provider. Reimbursement will be paid based on the schedule below.

Reimbursement Schedule:

Phase	Employer Wage Rate*	Hours**	Rate of Reimbursement	Total Reimbursement Planned
Months 1-4	\$		100%	\$
Months 5-6	\$		75%	\$
Total	\$			\$

*Wages may not be paid below the State or Federal minimum wage standard.

** Total hours may not exceed 1,040 without an executed agreement modification.

***Obligation for payment beyond the current fiscal year is contingent upon the availability of funding.

As the Employer, I have read and will abide by the Subsidized Employment Assurance and Certifications (Exhibit B-2) attached hereto. In witness thereof, this agreement is executed effective _____ and on behalf of the parties hereto:

Employer Use Only	
Authorized Employer Signature:	Date:
Employee Use Only	
Authorized Employee Signature	Date:

Approval of the Expanded Subsidized Employment Agreement, and availability of funds is not authorized prior to execution of all signatures listed herein.

SDWP Use Only – Approval for Payment	
Program Specialist Signature:	Date:
Finance Department	Date: