Alaska Department of Health
Division of Public Assistance

JOB START TRAINING AGREEMENT

Business Name:

Federal Employer Identification Number (EIN): _____
Training Supervisor: _____
Telephone: _____ Fax: _____ Email: _____

Work Services Representative:

Telephone: _____ Fax: _____ Email: _____

Employment/Trainee Information

Employee/Trainee Name: _____ Job Title: _____
Estimate employee/trainee's normal work hours per week: ☐ Full-time ☐ Part-Time Total Hours: _____

Training Dates	From	To

Does training require shift work? ☐ Yes ☐ No
If yes, what shift hours are required?
AM From: _____ To: _____
PM From: _____ To: _____
Other From: _____ To: _____

Supportive Services

Please list tools, uniforms, supplies, or other needs for the position.	Estimated Costs	Purchased By Employer	Purchased By Agency	Purchased By Other
1.				
2.				
3.				
4.				

Please provide a brief training plan below and attach the Job Description.

Alaska Department of Health
Division of Public Assistance

Employee Agreement

The Employee agrees (please initial each line):

____ I will work directly for the employer as a regular employee and report as scheduled to the job site. The work I will do is important to my employer, and I will call my case manager at once if I have difficulties with transportation or childcare or performing the job.

____ The take home pay I can earn from my Job Start job will never be less than the maximum amount of my Temporary Assistance benefit for my household. The actual pay I receive depends on the hours I work.

____ I understand I will not receive my Temporary Assistance benefit in order to earn a take home pay at least equal to that benefit.

____ The months I work in a Job Start job will not count against the 60-month time limit for Temporary Assistance.

____ I am still required to report any household changes to my Work Services Provider and DPA immediately.

____ I will be able to keep all of the child support I receive.

____ If I fail to participate as agreed without a good cause, I could jeopardize this job and my Temporary Assistance benefits.

____ The employer and Work Services Provider may amend the Worksite Agreement by mutual agreement.

Please sign if you agree to follow the training plan and work with the employer as stated in this agreement.

Employee Signature: _____ **Date:** _____

Employer Agreement

Employer Responsibility:

- Provide adequate job training that will sustain employment and a salary equivalent to that of similar positions.
- Pay a wage equivalent to that of similar positions and which is at least equal to the Alaska minimum wage.
- Consider the employee as a full-time employee with equivalent benefits.
- Pay a wage and provide for hours of work that allow the employee to earn a net wage of at least $_____ per month. Hours required to earn this amount cannot exceed 40 hours per week.
- Provide the employee with State Unemployment Insurance, FICA, Workers Compensation Insurance, and any other fringe benefit required by law.
- Attempt to retain the employee if the Job Start position is successfully completed, unless good cause is shown to terminate or if the employee does not wish to continue employment.
- Submit a Job Start Invoice and pay stubs by the 10th of each month for each Job Start employee that worked during the prior month.
- Advise DPA of the work progress and status of each Job Start employee and to the extent practical, notify the Division before terminating any Job Start employee, but no later than five days after termination.
- Protect the confidentiality of information regarding participants.
- Agree to comply with Child Support Services Division (CSSD) guidelines regarding wage garnishment for Job Start participants.

Division Responsibility

Indemnification: The employer shall indemnify, hold harmless, and defend the funding agency from and against any claim of or liability for error, omission, or negligent act of the employer under this agreement.

Employer Signature: _____ **Date:** _____

Work Services Representative: _____ **Date:** _____

Original: CM File; Copies to: Employer, Employee, and Agency Staff