SCSEP Community Service Assignment Form

1. Name of participant ____________________________
2. PID _________________________________________
3. Grantee ________________________________

Host Agency Information

4. Name of host agency ________________________________
5. Host agency mailing address

   a. Number and Street, Suite Number; or PO Box
   ________________________________

   b. City
   ________________________________

   c. State
   ________________________________

   d. ZIP code
   ________________________________

6. FEIN ________________________________

7. Host agency type: ☐ Not-for-profit ☐ Government

7a. Date of host agency agreement _____________________ (MM/DD/YYYY)

7b. Date of host agency monitoring visit _____________________ (MM/DD/YYYY)

8. Host agency site name and location

8a. Host agency job codes: i ________ ii ________ iii ________

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Community and Social Services</td>
<td>10. Legal</td>
<td>17. Retail, Sales, and Related</td>
</tr>
<tr>
<td>7. Farming, Fishing, and Forestry</td>
<td>14. Personal Care and Service</td>
<td></td>
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</tbody>
</table>

Authorized for Local Reproduction

ETA-9121

(Revised March 2012; replaces prior versions)

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SCSEP Community Service Assignment Form

8b. Host agency continued availability □ Available □ Not available

Contact/Supervisor Information

9. Name of contact person _______________________________________________________

10. Contact person’s mailing address if different from number 5

   a. Organization ________________________________________________________________
   
   b. Number and Street, Suite Number; or PO Box
   
   c. City _____________________________________________________________________
   
   d. State _____________________________________________________________________
   
   e. ZIP Code __________________________________________________________________

11. Contact person’s title ________________________________________________________

11a. Contact person’s salutation □ Mr. □ Ms. □ Dr.

12. Contact person’s phone number ______________________________________________

12a. Contact person’s fax number _______________________________________________

12a1. Contact person’s cell phone number _________________________________________

12b. Contact person’s e-mail address _____________________________________________

Complete fields 12c-12i if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.

12c. Name of supervisor ________________________________________________________

12d. Supervisor’s mailing address if different from number 5

   a. Organization ________________________________________________________________
   
   b. Number and Street, Suite Number; or PO Box
   
   c. City _____________________________________________________________________
   
   d. State _____________________________________________________________________
   
   e. ZIP Code __________________________________________________________________

12e. Supervisor’s title ____________________________________________________________
SCSEP Community Service Assignment Form

12f. Supervisor’s salutation  □ Mr.  □ Ms.  □ Dr.

12g. Supervisor’s phone number ____________________________________________

12h. Supervisor’s fax number ____________________________________________

12h1. Supervisor’s cell phone number ________________________________________

12i. Supervisor’s e-mail address ____________________________________________

12j. Funding source of supervisor or contact person/supervisor:
□ Federal  □ Non-federal $_______ (hourly rate) _______ (average hours per week)

Assignment Information

13. Assignment date __________________________ (MM/DD/YYYY)

14. Start assignment date __________________________ (MM/DD/YYYY)

15. End date __________________________ (MM/DD/YYYY)

15a. Approved break in participation
Start date _________ (MM/DD/YYYY)  Expected end date_________ (MM/DD/YYYY)
Actual end date_________ (MM/DD/YYYY)

15b. Reason for approved break in participation
□ i. Family/health  □ iii. Administrative
□ ii. Personal  □ iv. Other (specify)________________

15c. Comments on approved break in participation

16. CSA wage (per hour) $ _______________________

16a. Number of hours per week assigned ____________

16b. Participant’s schedule

16c. Date of safety consultation with participant _______________ (MM/DD/YYYY)

16d. Does participant engage in volunteer work (in addition to the community service assignment) during enrollment?  □ Yes  □ No
If yes, total number of volunteer activities ________________
### SCSEP Community Service Assignment Form

17. Community service assignment code______________ (Select only one code from following lists)

Service to the general community includes the following activities:

|--------------------|---------------------------|----------------------|

Service to the elderly community includes the following activities:

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<tr>
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<tbody>
<tr>
<td>E5. Recreation/Senior Centers</td>
<td>E10. Financial</td>
<td></td>
</tr>
</tbody>
</table>

18. Community service assignment title ____________________________________________________________

18a. Participant’s job code

| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service | |

18b. Participant’s workers’ compensation code

19. Total hours paid in quarter

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 3</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Quarter 2</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

20. Types of training received (Check all that apply)

- [ ] a. General training (basic skills)
- [ ] b. Specialized training (specific job/industry)
- [ ] c. On-the-job-experience (OJE)
- [ ] d. Other (specify)______________
- [ ] e. None

21. Total hours of paid training received in quarter

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 3</th>
</tr>
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<tbody>
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</tbody>
</table>

22. Community service assignment comments
SCSEP Community Service Assignment Form

Sub-Grantee Provided Training Information

Training Provider Information

23. Name of training provider or OJE employer ________________________________________

24. Training provider or OJE employer mailing address

   a. Number and Street, Suite Number; or PO Box

   b. City

   c. State
   d. ZIP code

25. Training provider continued availability □ Available □ Not available

Contact Person Information

26. Name of training provider or OJE employer contact person ________________________

27. Contact person’s mailing address if different from number 24

   a. Organization

   b. Number and Street, Suite Number; or PO Box

   c. City

   d. State
   e. ZIP Code

28. Contact person’s title __________________________________________________________

29. Contact person’s salutation □ Mr. □ Ms. □ Dr.

30. Contact person’s phone number ______________________________________________

31. Contact person’s fax number ________________________________________________

31a. Contact person’s cell phone number __________________________________________

32. Contact person’s e-mail _____________________________________________________
### Training Information

33. Types of training received (Check only one per training record)

- [ ] a. General training (basic skills)
- [ ] b. Specialized training (specific job/industry)
- [ ] c. On-the-job-experience (OJE)
- [ ] d. Other (specify)_________________

34. Job code for which training is provided, if relevant ____________

| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service | |

35. Participant’s workers’ compensation code in training ____________

36. Start training date ___________________________ (MM/DD/YYYY)

37. End training date ___________________________ (MM/DD/YYYY)

38. Average number of hours of training per week__________

39. Average number of hours of community service per week during training________

40. If OJE, wages paid by:

- [ ] Sub-grantee
- [ ] Employer and reimbursed by sub-grantee at rate of _____%

41. Training wage (per hour) $ __________________

42. Total wages paid to participant or reimbursed to employer $ ________________

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) $ ________________

44. Training Comments