

TRAINEE'S ACKNOWLEDGEMENT OF TERMS OF AGREEMENT

Sub-grant Agency: _____

Trainee's Name: _____

This is to acknowledge that the terms of my enrollment with the Senior Community Service Employment Program (SCSEP) have been explained to me and I understand and accept the terms to be as follows:

1. I understand that the SCSEP is a work-training program with the basic purpose of helping me to prepare for work and that it cannot be considered permanent employment.
2. I will be assigned to the position of at \$_____ per hour for ____ hours per week, and have received a copy of my job description. I will report to my Training Site promptly at the designated time.
3. I agree to perform the assigned duties to the best of my ability.
4. I agree to cooperate with the staff of my Training Site and the SCSEP staff.
5. I agree to attend all training, classes and other activities as requested by the SCSEP project staff and my Training Site supervisor.
6. I agree to seek **permanent employment** when it is determined by the SCSEP project staff that I am job ready.
7. I agree to turn in 4 Job Searches per pay period once I am declared job ready. I agree to go on all job interviews to which I am referred or instructed to arrange by the
8. SCSEP project staff and will report my job-seeking activities as requested.
9. If suitable employment is available off the Project, I agree to accept it. If I refuse three or more acceptable job offers, I will be liable to termination.
10. I agree to accept transfers to new Training Sites at any time during my enrollment so that my marketable skills may be increased.
11. Upon my enrollment in the SCSEP program, I understand that I will become a trainee of and will be subject to all of the rules and regulations, including the grievance procedures.
12. I understand that my enrollment on this program is temporary. **The 2006 amendments to the Older Americans Act impose durational limits for the first time. Each enrollee has a total lifetime limit of 48 months with all projects, and will then be permanently exited. (By way of example if an eligible individual is reenrolled after the twenty-seven month they will only have 21 months left to be served by the program.)
13. I understand that I can be terminated for cause. I have received a copy of and understand The SCSEP Personnel Policies.

14. Trainee: _____ Date: _____

SCSEP Staff: _____ Date: _____

Title: _____