

Agreement No. _____

**EMPLOYMENT AND TRAINING (E&T) PROGRAM
JOB DESCRIPTION FORM**

1. Employer's Name: _____

2. Employer's Address _____

3. Contact Number: _____ Fax No.: _____

4. Supervisor's Name: _____

5. Job Title: _____

6. Days/Hours ____S____M____T____W____T____F____S

7. Work Experience Start Date: _____

8. List job duties for which training will be provided (use additional sheet, if necessary):

Directions to Employer: _____

Employer's Authorized Signature/Date
(Original Signature Required)

E&T Representative's Signature/Date
(Original Signature Required)

Work Experience Employee's Signature/Date
(Original Signature Required)

Work Experience Employee: _____

RFA # : _____

OFFICIAL USE ONLY

WORK EXPERIENCE TRAINING TIME SHEET

Please complete one time sheet for each for-profit or non-profit organization or governmental agency where you are working or have worked in the reporting period. This form **MUST** be signed by your work experience site supervisor.

Work Experience Employee: _____ RFA #: _____
OFFICIAL USE ONLY

NAME OF FOR-PROFIT OR NON-PROFIT ORGANIZATION OR GOVERNMENTAL AGENCY: _____

ADDRESS: _____

(MAILING ADDRESS IF DIFFERENT): _____

CITY: _____ STATE: FL ZIP CODE: _____

WORKSITE SUPERVISOR: _____

REPORTING MONTH _____ YEAR _____

WEEK OF	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL WEEKLY HOURS

TOTAL MONTHLY HOURS WORKED: _____

Monthly Evaluation:

- Need to discuss performance issues
- Need to discuss attendance issues
- Employee is performing exceptionally
- Employee is demonstrating excellent attendance
- Please see comments

COMMENTS: _____

I certify that the above information is correct.

SITE SUPERVISOR'S SIGNATURE: _____ DATE: _____

PRINTED SITE SUPERVISOR'S NAME: _____

SITE SUPERVISOR'S TITLE: _____ TELEPHONE NUMBER: _____