

# Student Subsidized Employment Program (SSEP) Employer Agreement

The Alabama Department of Human Resources, the State Department of Education and the employer listed below agree to provide a subsidized work position for the following student:

Student Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ County: \_\_\_\_\_

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## To Be Completed by Employer:

The employer agrees to employ the student listed above in the position of \_\_\_\_\_ at \$\_\_\_\_\_ per hour for \_\_\_\_\_ hours per week. The student will be paid \_\_\_\_\_ (frequency). The subsidy period will last until the student completes the placement or until September 30, 2010 whichever is earlier. The employer understands that an employment relationship will exist during the subsidy period and, therefore, accepts the basic responsibilities of employment as defined under the Fair Labor Standards Act of the U.S. Department of Labor. A random sample of reimbursements to employers will be reviewed for accuracy.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

FEIN # \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Start Date \_\_\_\_\_ Date of 1<sup>st</sup> paycheck (estimate) \_\_\_\_\_

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## To Be Completed by Co-op Teacher-Coordinator:

Co-op Teacher-Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Completed form should be faxed to State Department of Human Resources, Family Assistance Division at 334.242.0513

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## To Be Completed by SDHR:

DHR agrees to reimburse the employer the cost of the student's gross wages at the above rate. The subsidy will end if the student's eligibility for the program terminates before the end of the authorization period or if the students quits or is terminated from the job. If the subsidy terminates due to the student's ineligibility, the employer will be given a minimum of 14 days advance notice before payment ends.

SSEP Employer Agreement Form received by SDHR on \_\_\_\_\_ Initials \_\_\_\_\_

Student Name \_\_\_\_\_ SSN \_\_\_\_\_

Employer \_\_\_\_\_

State DHR may assign a value to an employer's costs for supervising and training of the SEP employee and use that value as third party in kind contributions in order to meet the Maintenance of Effort (MOE) requirements for the Temporary Assistance for Needy Families (TANF) block grant under certain conditions. The value is assigned pursuant to Federal guidelines and is allowable only if the source of the wages of the employee providing the supervision/training is not Federal and will not be used to satisfy the cost sharing or matching requirement of another Federal program.

**So that we can determine if value may be attributed to your costs, please check one of the following:**

1.  My costs for those who supervise and train the subsidized employee(s) **are** paid from federal funds or will be used as matching/cost sharing for federal funds or to meet a federal Maintenance of Effort (MOE) requirement of another program.

2.  My costs for those who supervise and train the subsidized employee(s) **are not** paid from federal funds, will not be used as match/cost sharing for federal funds or to meet a federal Maintenance of Effort (MOE) requirement of another program. If this box is checked, your signature below acknowledges that you understand that DHR will be using the allowable value of expenditures determined pursuant to federal guidelines effective from the date of hire as TANF MOE.

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If you checked Box 1 you are **NOT** eligible to receive reimbursement of wages paid to students through the Student Subsidized Employment Program. If you checked Box 2 you are eligible to receive reimbursement of wages paid to students through the program.