



BILL RICHARDSON, Governor
Deborah Armstrong, Secretary

EMPLOYER ON-THE-JOB-EXPERIENCE (OJE) CONTRACT

SECTION 1

This agreement is entered into this ____ day of ____ 200__, between the Aging & Long-Term Services Department (ALTSD) OJE Project and _____ (Employer). The purpose of this agreement is to describe the responsibilities of each party toward the development of skills necessary for the identified participant during the specified training period. The goal is for the participant to successfully maintain permanent employment.

Participant: _____ SS #: _____ - _____ - _____

Training Period: From _____ [date] To _____ [date]

Employer agrees to:

1. Provide On-the-Job-Experience to participant for _____ hours weekly and provide necessary orientation and training. The participant will be paid _____ weeks at an hourly rate not to exceed \$ _____.
2. Provide a suitable training assignment during the training period for the training period detailed above. A participant may not work more than 40 hours a week to include all work related training.
3. Handle any disciplinary action as you would for other employees; notifying ALTSD if a situation develops that might jeopardize successful completion of the training and/or orientation.
4. Complete and submit a timesheet bi-weekly based on ALTSD's payroll schedule for the hours worked by the participant. A payroll schedule will be provided to employer.
6. Complete and submit a W-9 Taxpayer ID Form to the ALTSD.
7. Submit invoices and supporting documentation for reimbursement no more than 4 weeks after the end of the training period.
8. Either hire or retain the participant as a permanent employee either full-time or part-time at the end of the training for a minimum of _____ months.
9. Provide a safe and healthy workplace for the participant.

ALTSD agrees to:

1. Refer individuals who have been pre-screened according to employer requirements.
2. Monitor and evaluate participants; and assist in the training process to insure successful employment.
3. Maintain payroll documents and pay the participant's wages during _____ weeks of training, which is not to exceed \$ _____ (per hour).
4. Provide accident insurance coverage to participant during the training period.
5. Provide sick leave accrued at 1.85 hours every two weeks during the training period.

Termination Clause: Either party may terminate this agreement by notifying the other party of such termination in writing, signed by an authorized signatory. Any obligations incurred by either party prior to termination of this agreement must be honored.

Signatures:

ALTSD
Employment Programs Bureau
2550 Cerrillos Road
Santa Fe, NM 87505
(866) 451-2901 or (505) 476-4799

Employer [Company name, address, phone]

Authorized signature Date

Authorized signature Date

Name & Title (please print or type)

Name & Title (please print or type)

PARTICIPANT ON-THE-JOB EXPERIENCE (OJE) AGREEMENT

SECTION II

I, _____ (participant name) understand that this project is a private sector work experience/skill training program and the purpose is for my employer to provide the necessary training and supervision for me to successfully perform the tasks of my job.

I will be assigned to the position of _____ (job title) not to exceed \$_____ per hour, I will work _____ hours per week for _____ weeks. My supervisor will be _____ (supervisor's name). I have received a copy of my training/work plan and will report to work at the worksite on _____ (date) at _____ (time).

I understand that by signing this contract, I am agreeing to be subject to all the rules and regulations of _____ (work site).

I understand that I can be terminated for cause for not performing satisfactorily at _____ (employer / worksite).

I agree to perform the assigned duties to the best of my ability and to cooperate with the staff at my work site and with the ALTSD staff. I agree to allow my employer to notify the ALTSD staff if a situation develops that might jeopardize successful completion of my training or orientation.

I understand that after _____ weeks, the ALTSD staff will no longer be involved in my employment, except to contact me to see if I am still employed.

I agree to learn the job skills as outlined on the attached page within the time frame I am assigned to _____ (business). I understand that failure to learn these skills may result in termination of this contract.

Participant Signature: _____

Date: _____

Project Manager: _____

Date: _____

