



DEPARTMENT OF JOB AND FAMILY SERVICES

185 Shady Lane Drive, Norwalk OH 44857 • www.huroncountydjfs.org
419-668-8126 or 1-800-668-5175 • Fax 419-668-4738

Re: 2018 CCMEP TANF Summer Youth Employment Program

Dear Employer:

You are receiving this information because you either a) participated as an employer in our Summer Youth Employment Program in the past few years or b) expressed your interest in our 2018 Summer Youth Employment Program. The CCMEP TANF Summer Youth Employment Program runs from **June 1, 2018 through August 31, 2018** and is designed to help young adults (ages 14 – 24) earn an income and receive valuable work experience. Huron County Department of Job and Family Services will be determining eligibility, matching participants with employers and providing case management services.

Enclosed in this packet is an employer agreement. **If you will, please take a few minutes to complete the agreement, and return it to be enrolled as a participating employer.** Then, we will contact you to set up interviews with prospective youth as soon as they are enrolled in the program. Our funding allows each youth to work a maximum of 40 hours a week with an hourly pay rate up to \$10.00 per hour. These young adults are not covered under your unemployment compensation at the end of summer and should not be reported on the quarterly report submitted to unemployment.

We are also enclosing a payroll document to be completed by youth (with your assistance) so that **the youth's wages can be paid directly through the program. The youth's wages are covered up to \$10.00 per hour and up to 40 hours per week and fringe benefits (excluding health insurance). The only paperwork we need from you is the completed employer agreement and a copy of your completed W-9 initially,** followed by the signed training site agreement after determining youth eligibility, youth placements and the completed payroll sheet for each pay period.

Your participation in this program is very much appreciated.

Sincerely,
Heather Love Carman, Esq.
Workforce Program Administrator
Huron County Department of Job and Family Services

INH SY 20 (Rev 3/18)

**Employer Agreement
CCMEP TANF Summer Youth Employment Program**

Employer Name:

Address:

Zip:

City:

Title:

Contact Person:

Facsimile:

Phone Number:

E-mail:

This agreement is made between Huron County Department of Job and Family Services and the employer listed above to provide employment and training services to eligible and participating youth. The CCMEP TANF Summer Youth Employment Program is authorized and funded under the Temporary Assistance to Needy Families grant. This program is designed to enable eligible young adults (ages 14-24) to gain valuable work experience related to their education and employment goals while earning a paycheck to help meet basic needs and developing a work history.

This agreement provides the following assurances:

- There will be enough meaningful work to keep participants fully occupied
- Work will be conducted in a safe and sanitary work environment
- There will be adequate full-time supervision of each participant
- There will be accountability for participant time and attendance
- Participant will not work for more than 40 hours per week
- Participant must be paid at least minimum wage, but no greater than \$10.00 per hour
- No participant will displace permanent employees or result in the reduction of work hours for permanent employees
- The employing agency obtained union concurrence for positions covered by collective bargaining
- The employer will participate in a follow-up survey to provide valuable feedback

Section I – Eligibility and Matching

It is the responsibility of Huron County Department of Job and Family Services to ensure all participating youth have been deemed eligible according to CCMEP TANF guidelines. Huron County Department of Job and Family Services will do their best to match youth to employers that are geographically close and in which youth have a career interest.

Section II – Monitoring

It is the responsibility of the employer to maintain current and accurate time and attendance records, a list of current work plan activities as well as I-9 and W-4 verifications. It is understood that the employer may be asked for additional information depending on the outcome and reporting requests made by the State or Federal Government. Said

additional information may be completed background check information for youth's immediate site supervisor. The employer will produce requested information within ten working days.

Section III – Allowable Costs and Invoicing

The allowable costs under this program include payments directly to youth for wages no higher than \$10.00 per hour, no more than 40 hours per week, and fringe benefits (excluding health benefits). In order for youth to be paid directly through the program, the payroll document must be completed by youth (with your assistance) and submitted to Huron County Department of Job and Family Services no later than the following Monday by 12:00 noon. This program is effective from June 1, 2018 through August 31, 2018. Final payroll documents must be submitted to Huron County Department of Job and Family Services by September 14, 2018 in order to be paid.

Section IV – Employees

It is the responsibility of Huron County Department of Job and Family Services to provide case management services if needed for the youth. Huron County Department of Job and Family Services requests the employer call Huron County Department of Job and Family Services for said case management services should a youth fail to behave appropriately. If the employee continues to willfully breach or neglect the duties which he or she is required to perform, the employer may terminate this agreement by giving written notice to the employee and a copy to Huron County Department of Job and Family Services.

Section V – Work Plan

This work plan should include all the duties, responsibilities, locations of work and hourly pay rate for the eligible youth, and the total number of youth requested by employer.

Youth duties and responsibilities:

Locations of work:

Hourly pay rate for youth: _____

Total number of youth requested by this employer for summer 2018: _____

I have reviewed and agree with the terms of this employer agreement and attest that all information listed above is true to the best of my knowledge.

Signature of Authorized Employer Representative

Date

Signature of Huron County Department of Job and Family Services Staff

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see Instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
6 City, state, and ZIP code
7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

OR

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

FLEX-TEMP[®]

EMPLOYMENT SERVICES INC.
 PAYROLL DEPARTMENT
 P.O. BOX 2517
 SANDUSKY, OHIO 44871-2517

CUSTOMER NAME
ADDRESS

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Flex-Temp office after completing this assignment to discuss another assignment, and if I do not do so, Flex-Temp may assume that I am not then available for work.

EMPLOYEE NAME (PLEASE PRINT)
SOCIAL SECURITY NUMBER
EMPLOYEE SIGNATURE

Signed timeslips are invalid after 30 days.
 Return signed timeslip immediately to above address.
 timeslips must be received by Tuesday AM following the end of the week.

DAY	MONTH/DATE	TIME IN	TIME OUT	LESS: LUNCH	TOTAL HOURS
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					
WEEK ENDING DATE (SATURDAY)				TOTAL HOURS FOR WEEK	

CUSTOMER APPROVAL
Cross out any days not worked by employee. Approval includes verification of hours worked and acceptance of terms and conditions on reverse
X _____

White - Flex-Temp Canary - Flex-Temp
 Pink - Employee Blue - Supervisor

ATTENTION! IMPORTANT INFORMATION

All time slips must be turned in to the Flex-Temp office no later than Monday by 3pm or they will be processed the following week. **NO EXCEPTIONS!**

FILL OUT TIMESLIP PROPERLY!

Notice that there is a place for the COMPANY'S NAME AND ADDRESS AT THE TOP. *NOTE: EHOVE is the*

"Customer"
But the "address" is your worksite!!
Your name, social security no, and signature go below that.

Sign Your Time Slip

Please wait until after 2 PM on Friday for any payroll questions.

NOTE: Our pay period is from Sunday to Saturday.

Please total your hours and enter the week ending date (Saturday's date)

Time slip must be signed by your supervisor to be **VALID**.

FLEX-TEMP[®] EMPLOYMENT SERVICES INC.

PAYROLL DEPARTMENT
P. O. BOX 2517
SANDUSKY, OHIO 44871-2517

CUSTOMER NAME	EHOVE CAREER CTR
ADDRESS	CITY, ST. OF WORKSITE

I hereby certify that the hours shown herein were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Flex-Temp office after completing this assignment to discuss another assignment, and if I do not do so, Flex-Temp may assume that I am not then available for work.

EMPLOYEE NAME (PLEASE PRINT)	YOUR NAME
SOCIAL SECURITY NUMBER	LAST 4 OF SS #
EMPLOYEE SIGNATURE	Your Signature

Signed timeslips are invalid after 30 days.
Return signed timeslip immediately to above address.
Timeslips must be received by Tuesday AM following the end of the week.

DAY	MONTH/DATE	TIME IN	TIME OUT	LESS: LUNCH	TOTAL HOURS
SUN					
MON	01/02	7:00am	3:00pm		8hrs
TUE	01/03	7:00am	3:00pm		8hrs
WED	01/04	7:00am	3:00pm		8hrs
THU	01/05	7:00am	3:00pm		8hrs
FRI	01/06	7:00am	3:00pm		8hrs
SAT					
WEEK ENDING DATE (SATURDAY)	01/07			TOTAL HOURS FOR WEEK	40 hrs

CUSTOMER APPROVAL	
Cross out any days not worked by employee. Approval includes verification of hours worked and acceptance of terms and conditions on reverse.	
X	Supervisor's Signature

White — Flex-Temp Pink — Employee
Yellow — Flex-Temp Blue — Supervisor
Green — Flex-Temp