



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

Employer Agreement CCMEP/Fueling Youth with Resources and Education 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/Fueling Youth with Resources and Education Employment Program is authorized and funded under the Temporary Assistance to Needy Families and/or Workforce Innovation and Opportunity grant(s). 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 develop 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 and/or WIOA Youth 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 and a list of current work plan activities. 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 include completing background check information at HCDJFS for the youth's immediate site supervisor, if said youth is under the age of 18 (the cost of which will be borne by HCDJFS through this program). 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/time slip must be completed by youth (with your assistance) and submitted to Huron County Department of Job and Family Services Workforce Staff no later than the following Monday by 12:00 noon. Final payroll documents must be submitted to Huron County Department of Job and Family Services by December 6, 2019 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 Workforce Staff 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 2019: _____

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.

Print or type See Specific instructions on page 2.	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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (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 <i>How to get a TIN</i> 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 [][][][]-[][][][][][][][][][]
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Part II Certification Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. 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 ▶ _____
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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), 1088-T (tuition)
- Form 1099-C (canceled debt)
- Form 1089-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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.



JOHN R. KASICH
Governor

STATE OF OHIO
MINOR LABOR LAWS
OHIO DEPARTMENT OF COMMERCE
DIVISION OF INDUSTRIAL COMPLIANCE & LABOR
www.com.ohio.gov/



JACQUILINE T. WILLIAMS
Director

OHIO REVISED CODE CHAPTER 4109*

"MINOR" MEANS ANY PERSON LESS THAN 18 YEARS OF AGE

WORKING PERMITS: Every minor 14 through 17 years of age must have a working permit unless otherwise stated in Chapter 4109.

WAGE AGREEMENT: No employer shall give employment to a minor without agreeing with him/her as to the wages or compensation he/she shall receive for each day, week, month, year or per piece for work performed.

REST PERIOD: No employer shall employ a minor more than 5 consecutive hours without a rest period of at least 30 minutes.

LIST OF MINORS EMPLOYED: Employer shall keep a list of minors employed at each establishment and a list must be posted in a conspicuous place to which all minor employees have access.

TIME RECORDS: Every employer shall keep a time book or other written record showing actual starting and stopping time of each work and rest period. These records must be kept for two (2) years.

RESTRICTIONS ON WORKING HOURS FOR MINORS 14 and 15 YEARS OF AGE

No person under 16 shall be employed:

1. During school hours except where specifically permitted by Chapter 4109
2. Before 7 a.m. or after 9 p.m. from June 1st to September 1st or during any school holiday of 5 school days or more; or after 7 p.m. at any other time
3. For more than 3 hours a day in any school day
4. For more than 18 hours in any school week
5. For more than 8 hours in any day when school is not in session
6. For more than 40 hours in any week that school is not in session nor during school hours, unless employment is incidental to bona fide programs of vocational cooperative training, work-study, or other work-oriented programs with the purpose of educating students, and the program meets standards established by the state board of education.

RESTRICTIONS ON WORKING HOURS FOR MINORS 16 and 17 YEARS OF AGE

No person 16 or 17 who is required to attend school shall be employed:

1. Before 7 a.m. on any day that school is in session or 6 a.m. if the person was not employed after 8 p.m. the previous night
2. After 11 p.m. on any night preceding a day that school is in session.

PROHIBITED OCCUPATIONS FOR MINORS UNDER 16 YEARS OF AGE

1. All manufacturing; mining; processing; public messenger service
2. Work in freezers and meat coolers and all preparation of meats for sale (except wrapping, sealing, labeling, weighing, pricing and stocking)
3. Transportation; storage; communications; public utilities; construction; repair
4. Work in boiler or engine rooms; maintenance or repair of machinery
5. Outside window washing from window sills or scaffolding and/or ladders
6. Cooking and baking; operating, setting up, adjusting, cleaning, oiling or repairing power-driven food slicers, grinders, food choppers, cutters, bakery type mixers
7. Loading or unloading goods to and from trucks
8. All warehouse work except office and clerical
9. Work in connection with cars and trucks involving the use of pits, racks or lifting apparatus or involving the inflation of any tire mounted on a rim equipped with a removable retaining ring.

PROHIBITED OCCUPATIONS FOR MINORS 14 through 17 YEARS OF AGE

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Occupations involving slaughtering, meat-packing, processing or rendering 2. Power-driven bakery machines 3. Occupations involved in the manufacture of brick, tile and kindred products 4. Occupations involved in the manufacture of chemicals 5. Manufacturing or storage occupations involving explosives 6. Occupations involving exposure to radioactive substances and to ionizing radiations 7. Power-driven paper products machines 8. Power-driven metal forming, punching and shearing machines 9. Occupations involved in the operation of power-driven circular saws, hand saws and guillotine shears | <ol style="list-style-type: none"> 10. Power-driven woodworking machines 11. Coal mines 12. Occupations in connection with mining, other than coal 13. Logging and sawmilling 14. Motor vehicle occupations 15. Maritime and longshoreman occupations 16. Railroads 17. Excavation operations 18. Power-driven and hoisting apparatus 19. Roofing operations 20. Wrecking, demolition, and shipbreaking. |
|---|---|

MINORS UNDER 16 YEARS OF AGE MAY NOT ENGAGE IN DOOR-TO-DOOR EMPLOYMENT UNLESS

The for-profit employer is REGISTERED with the Ohio Department of Commerce. DOOR-TO-DOOR SALES EMPLOYERS SHALL:

1. Be in compliance with all applicable Ohio and Federal laws relating to the employment of minors
2. Provide at least one supervisor who is over the age of eighteen, for each six minor employees
3. Have been and be in compliance with Ohio's Motor Vehicle Financial Responsibility, Workers' Compensation, Unemployment Compensation, and all other applicable laws
4. Require all minors to work at least in pairs
5. Not employ any minor who does not have an appropriate Age and Schooling Certificate
6. Provide each minor employee with a photo identification card
7. Not employ any minor in any door-to-door sales activity during school hours except where specifically permitted
8. Not employ minors under 16 in door-to-door sales activity before 7 a.m. or after 7 p.m.
9. Not employ minors 16 and 17 years of age in door-to-door sales activity before 7 a.m. or after 8 p.m.

*For Exceptions to Coverage See Chapter 4109.06

This is a summary of ORC 4109. This summary does not include all of the requirements for minor labor laws. Persons should refer to 4109 for specific requirements applicable to them. This information can be accessed through the Ohio Department of Commerce website at www.com.ohio.gov/.

POST IN A CONSPICUOUS PLACE

For further information about Minor Labor issues, please contact: The Ohio Department of Commerce, Division of Industrial Compliance & Labor, 6606 Tussing Road, Reynoldsburg, OH 43068 Phone: 614-644-2239, TTY/TDD: 800-750-0750, An Equal Opportunity Employer and Service Provider (03/01/16)

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: HCDJFS is the*

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

SIGN YOUR TIME SHEET

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 Huron County DJFS

ADDRESS CITY, ST. OF WORKSITE

I hereby certify that the hours shown herein were worked by me during the week ending designated, and was certified by an authorized representative of the Customer. I understand that I am to contact the Flex-Temp office prior to completing this assignment to discuss accurate 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

FLEX-TEMP EMPLOYMENT SERVICES, INC.

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: Huron County DJFS is the "Customer" but the "Address" is the employer worksite!!

Youth's Name, Last 4 of the SS# and Signature go below that.

Please wait until after 2PM 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 Huron Co. DJFS
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	

<p style="text-align: center; font-size: small;">CUSTOMER APPROVAL</p> <p style="font-size: x-small;">Cross out any days not worked by employee. Approval includes verification of hours worked and acceptance of terms and conditions on reverse</p> <p style="font-size: 2em; text-align: center;">X _____</p>

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

FLEX-TEMP[®]

EMPLOYMENT SERVICES INC.

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

CUSTOMER NAME
ADDRESS

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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