

**California Tribal TANF Partnership  
Career Development  
Youth Employment Program (YEP)**



**Supervisor Orientation Checklist**

<b>Supervisor:</b>  Name: _____  Title: _____  Worksite: _____	<b>Orientation Date:</b>  _____/_____/_____  Orientation shall remain valid for a period of one year from the date of orientation.
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**Orientation Information:**  
The following items regarding the CTTT SYE Program will be discussed with the supervisor:

- YEP Supervisor Orientation Checklist
- YEP Worksite Supervisor Agreement – Assurances
- YEP Employee Performance Evaluations
- YEP Employee Corrective Action Notice
- YEP Invoice
- W-9 form
- Employment Verification (clothing)

**Acknowledgement and Receipt:**

The items listed above have been discussed with me and I hereby acknowledge that I fully understand that it is my obligation to inquire into any part of the policies and procedures that I do not understand. Thus, it is the obligation of CTTT to provide all information requested. I have received the CTTT supervisor orientation packet. I agree to abide by the terms and conditions of the agreement signed by the worksite for the CTTT participant(s) who are placed under my supervision.

I understand that I am restricted from supervising my immediate family members.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Certification:**  
I have discussed all of the items necessary with the site supervisor

\_\_\_\_\_  
Authorized CTTT YEP Staff Member

\_\_\_\_\_  
Date