



Attachment I

**DIVISION OF SOCIAL SERVICES
NAVAJO NATION PROGRAM FOR SELF RELIANCE**

EAF# _____
Amendment 1 / 2 / 3

Employment Agreement Form
Community Service ___; Work Experience ___; Subsidize Employment ___

CUSTOMER INFORMATION

Name:	CIF#:
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WORKSITE INFORMATION

Organization Name:		Worksite Location	
Address:	City:	State:	Zip:
Primary Supervisor:		Alternate Supervisor:	
Telephone:	Email:	Fax:	

WORK ACTIVITY INFORMATION

Job Title:	Total Hours to be completed _____
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Hours Per Week: _____	Beginning Date: ___/___/___	Ending Date: ___/___/___
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Scheduled Work Hours	Monday	___:___ AM to ___:___ AM/PM	___:___ AM/PM to ___:___ PM
	Tuesday	___:___ AM to ___:___ AM/PM	___:___ AM/PM to ___:___ PM
	Wednesday	___:___ AM to ___:___ AM/PM	___:___ AM/PM to ___:___ PM
	Thursday	___:___ AM to ___:___ AM/PM	___:___ AM/PM to ___:___ PM
	Friday	___:___ AM to ___:___ AM/PM	___:___ AM/PM to ___:___ PM
	Saturday	___:___ AM to ___:___ AM/PM	___:___ AM/PM to ___:___ PM
	Sunday	___:___ AM to ___:___ AM/PM	___:___ AM/PM to ___:___ PM

LIST TOOLS/EQUIPMENT TO BE USED ON THE JOB	IF TRAVEL IS REQUIRED:
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	To:	Fr:
	To:	Fr:
	To:	Fr:
Heavy lifting? Yes No – if so, pounds _____	Days of the week for travel:	

SPECIFIC JOB DUTIES/RESPONSIBILITIES

- 1.
- 2.
- 3.
- 4.

SPECIFIC JOB DUTIES/RESPONSIBILITIES (Cont)

Blank space for specific job duties and responsibilities.

REASON FOR AMENDMENT# 1 / 2 / 3

Blank space for reason for amendment.

AGREEMENT

We understand the purpose of this Work Agreement is to bind/obligate the NN Program for Self Reliance Customer (Participant), Worksite and NN Program for Self Reliance to jointly work together to provide meaningful work experience which moves the Participant toward self-reliant.

1. **Parties** involved will each retain a copy of this Work Site Agreement to ensure accurate and proper understanding of the Participant’s duties and responsibilities;
2. Worksite **Supervisor** will properly orientate the NN Program for Self Reliance **Participant** in relevant areas including, but not limited to, an overview of worksite mission/purpose, policies, procedures and expectations;
3. The **Participant’s** duties and responsibilities will be limited to only those identified in this agreement. If the **Participant’s** duties and responsibilities change, a new Worksite Agreement must be developed and approved by all parties;
4. The work site **Supervisor** and **NN Program for Self Reliance** will communicate on a regular basis to monitor and evaluate the Participant’s Progress;
5. The **NN Program for Self Reliance** will provide Worker’s Compensation insurance. Any accidents or injuries **MUST** be immediately reported to the Worksite **Supervisor** and the NN Program for Self Reliance;
6. The work site will be aware of the **Participant’s** Rights and Responsibilities under the Federal Labor Laws and Hiring Standards;
7. The NNPSR **Participant**, if qualified, will be given first and full consideration if a Worksite vacancy occurs.
8. Adequate health and working conditions must be in place.
9. Adequate tools, equipment and supplies necessary for work shall be provided by employer.
10. All NN Program for Self Reliance regulations and requirements shall be complied with by Participants and Employers in relations to work experience.

THIS DISCLAIMER IS SOLELY FOR CUSTOMERS PARTICIPATING IN THE COMMUNITY SERVICE WORK ACTIVITY.

LIABILITY WAIVER: THE NAVAJO NATION PROGRAM FOR SELF RELIANCE WILL NOT BE LIABLE FOR INJURIES WHILE PARTICIPATING IN THE COMMUNITY SERVICE WORK ACTIVITY REQUIREMENT.

The signatures below indicate that the Parties named, give their consent to participate and provide a safe working environment and for all purposes, agree to the terms and conditions stated and indicated in this agreement.

SIGNATURES

Customer/Participant (Print Name)	Signature	Date
Primary Worksite Supervisor (Print Name)	Signature	Date
Authorized NNPSR Staff (Print Name)	Signature	Date
Prepared by (Print Name)	Signature	Date