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ABSTRACT

The Procedural Guides for Administrators of Public Service Employment Projects consists of the guidelines developed through actual operations of the Vermont Experimental and Demonstration Manpower Pilot Project during its 3-year experience. The scope of the procedural guides encompasses both the Special Work Project for the unemployed and the Upgrading Project for the working poor. These administrative procedures or guidelines were developed for use by Vermont Experimental and Demonstration Project Manpower Pilot Project (E & D) local office personnel: (1) in dealing with, and developing subcontracts with, employers; (2) in enrolling trainees in project work slots; and (3) in working with other concerned public agencies. Additionally, the procedural guides contains samples of all forms used both for ongoing control of E & D activity as well as end of project documentation. (Author)

ED 094254

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PROCEDURAL GUIDES FOR ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS



Vermont Department of Employment Security

Madelyn Davidson, Commissioner

The Experimental and Demonstration Manpower Pilot Project on the
Special Work Project for the Unemployed and Upgrading for the
Working Poor

September 1973

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
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**PROCEDURAL GUIDES FOR
ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS**

This report was prepared for the Manpower Administration, U.S. Department of Labor, under research and development contract No. 82-48-70-30. Since contractors conducting research and development projects under Government sponsorship are encouraged to express their own judgement freely, this report does not necessarily represent the official opinion or policy of the Department of Labor. The contractor is solely responsible for the contents of this report.

Contract No. 82-48-70-30 funded the Experimental and Demonstration Manpower Pilot Project on the Special Work Project for the Unemployed and Upgrading for the Working Poor. This Project was conducted by the Vermont Department of Employment Security, Madelyn Davidson, Commissioner. This Procedural Guide was developed by the Experimental and Demonstration Manpower Pilot Project staff during the course of the project.

September, 1973

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- 0001** Introduction. In mid-1970, as a consequence of welfare reform legislation then pending in the United States Congress, the Vermont Department of Employment Security was chosen to test and document experimentation in the manpower training aspects of the proposed legislation. The overall objective of the resulting Experimental and Demonstration (E&D) Manpower Pilot Project was to explore the feasibility and value of alternative approaches and procedures for conducting the Special Work Project (Public Service Employment) for the unemployed and Upgrading training for the working poor. This was to serve as a means of helping to develop guidelines and other knowledge required to facilitate and make more effective national implementation and rapid expansion of manpower projects aimed at enhancing the employability of heads (and other members) of low-income families.
- 0003** Major Components. Thus, there were two major components within the overall project:
- A. "Special Work Project" whereby unemployed persons, by performing work (at public and private nonprofit agencies in the public interest) can develop job skills which enable them to obtain nonsubsidized (private or public) employment;
 - B. "Upgrading training" whereby low-income employed persons (working poor) can develop new job skills for which they receive increased salary.
- 0005** Specific Goals of the Project.
- A. Develop various designs for operating the two manpower programs.
 - B. Test operating practices to identify smooth running procedures.
 - C. Test the feasibility and relative effectiveness of alternative operating procedures.
 - D. Identify problems and issues central to the establishment and running of these program.
 - E. Prepare technical materials and other aids for use in the programs.

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0005 Specific Goals of the Project -- continued

- F. Monitor and evaluate outcomes of activities.
- G. Determine requirements for administration, facilities, staff and financing of the programs.
- H. Establish guides for determining how these programs might fit into the overall mixture of manpower programs and services at the local level.
- I. Develop the necessary guidelines and manuals for effectively replicating the programs elsewhere.
- J. Research and document the effect of the program on E&D manpower clients.
- K. Produce monographs on salient aspects of project experience, relevant to planning activities at the national level for implementation of welfare reform and/or Public Service Employment programs.

0007 Project Timetable. The project was initiated on July 1, 1970, and terminated on September 30, 1973. (For the Final Trainee Summaries see Sections 0009; 0011.) Operation of the project was divided into the following segments:

- A. July 1, 1970, through October 30, 1970: Planning, initiation, and startup;
- B. November 1, 1970, through June 30, 1971: Operations limited to Chittenden and Lamoille counties;
- C. July 1, 1971, through June 30, 1972: Statewide operations;
- D. July 1, 1972, through June 30, 1973: Statewide operations;
- E. July 1, 1973, through September 30, 1973: Evaluation, writing, printing and publishing.

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0009 Final Trainee Summary.

SPECIAL WORK			
As of July 2, 1973	Number	Number	Percentage of Total Enrollees
Total Special Work			
Enrollments		656	100%
Completed Training		430	65.6%
-Completed, Placed in Employment	307		46.8%
-Completed, Placed in Work Training	26		4.0%
Total Placements		333	50.8%
-Completed, Placed in Education or Skill Training	6		0.9%
-Completed, Awaiting Placement	91		13.9%
Terminated Training		226	34.4%
-Good Cause	99		15.1%
-Without Good Cause	127		19.3%

0011 Final Trainee Summary.

UPGRADING			
As of July 2, 1973	Number	Number	Percentage of Total Enrollees
Total Upgrading			
Enrollments		144	100%
Completed Training		118	81.9%
-Upgraded	114		79.2%
-Not Upgraded	4		2.8%
Terminated Training		26	18.0%
-Good Cause	17		11.8%
-Without Good Cause	9		6.2%

Part I

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Procedural Guide #1

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**SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS**

**PROCEDURAL GUIDES FOR
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Part I

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**SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS**

0100 Introduction. Under contract (#82-48-70-30) with the United States Department of Labor, the Vermont Department of Employment Security (DES) is operating its Experimental and Demonstration (E&D) Manpower Pilot Project on the Special Work Project (SWP). Therefore, the legal agreement entered into by the E&D Project and the employer is the subcontract.

The subcontract sets forth the operational ground rules for all aspects of the Special Work Project. It delineates the type of training involved, trainer's services to be provided, the duration of training, allocation of funding between the Vermont Department of Employment Security and the employer/subcontractor, billing procedure, hours of employment, holiday, sick leave, vacation, overtime provisions, Social Security coverage, Workmen's Compensation, and other specific fringe benefits. Once the subcontract is drawn up, it is reviewed and approved by the employer/subcontractor, the legal counsel to the Department of Employment Security, the State's Assistant Attorney General, the Director of Employment Services and, finally, the Contracting Officer of the U.S. Labor Department.

Circumstances do arise in which the subcontract between Vermont DES and the employer/subcontractor must be amended or terminated. A set procedure has been established and legal forms exist to provide for such cases.

This procedural guide, developed and refined by the E&D Central Office Staff in collaboration with local office personnel, contains all information pertaining to the subcontract, including:

- A. A detailed description of and the procedure for the completion of the subcontract;
- B. A checklist to be utilized in negotiating and in evaluating the advisability of entering into a subcontract for Special Work training;
- C. The procedure for obtaining subcontract approval and distributing copies of the approved subcontract;
- D. Reasons for and procedure for amending a subcontract;

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0100 Introduction -- continued

E. Reasons for and procedure for terminating a subcontract.

0103 Subcontract: Description and Procedure for Completion. The subcontract for Special Work training is the formal agreement between the E&D Project of the Vermont Department of Employment Security and the employer/subcontractor who provides the job training slots. It is composed of the ensuing three basic parts with instructions for their completion following each one.

A. The Contract for Conduct and Administration of Work Training Form. The first two pages which comprise this first part state the basic general terms of the subcontract including the names and addresses of the subcontracting parties, the time period of the subcontract, and the amount of money to be reimbursed to the employer/subcontractor by the Department of Employment Security.

Subcontract No. (1)
IRS-ID Number (2)

CONTRACT FOR CONDUCT AND
ADMINISTRATION OF WORK TRAINING

This Contract is entered into this (3) day of (4)
19(4), between the State of Vermont, Department of Employment
Security, Montpelier, Vermont, a Government Agency, hereinafter
called the "Contractor" and (5)

(name and address of Subcontracting
(6)
a (6)
Party) (Corporation) (Municipality) (etc.)
under the laws of the State of (7), herein-
after called the "Subcontractor."

WHEREAS, the Contractor, on the 30th day of June, 1970,
received a Contract under the Manpower Development and Training
Act of 1962, as amended (MDTA) from the United States Department
of Labor, Manpower Administration (hereinafter referred to as the
DOL), said Contract being designated as Contract No. 82-48-70-30 ;
and

WHEREAS, pursuant to said Contract the Contractor is under-
taking certain activities; and

WHEREAS, the Contractor desires to engage the Subcontractor
to render certain assistance in such undertaking;

Now therefore the Contractor and the Subcontractor do mutually
agree as follows:

ARTICLE 1. SCOPE OF WORK

Subcontractor's accepted Scope of Work outlined in the pro-
posal is attached hereto and a part thereof and shall govern the
work of this Contract.

ARTICLE 2. PERIOD OF THE CONTRACT

The Subcontractor shall commence performance under the terms
and conditions as mutually established herein on the (8) day
of (9) 19(9) and such performance shall be completed no
later than (10) day of (11) 19(11).

ARTICLE 3. CONSIDERATION

In consideration of the foregoing the Contractor agrees to reimburse the Subcontractor allowable costs incurred, in an amount not to exceed (written dollar amount) (\$ (12)) for full and complete performance of this agreement in accordance with DOL regulations relating to Allowable Payment and in accordance with the attached proposal.

ARTICLE 4. REPORTING

The Subcontractor shall prepare and submit such reports as may be required from time to time in such format and detail as directed by the Contractor.

ARTICLE 5. PRIME CONTRACT

The Subcontractor hereby agrees upon execution of this agreement that the General Provisions (Attachment B) of the Prime Contract No. 82-48-70-30 between the United States Department of Labor and the State of Vermont, Department of Employment Security are incorporated into and become part of this agreement.

ARTICLE 6. CONTRACT APPROVAL

It is hereby understood and mutually agreed that notwithstanding any other article of this Contract, it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Contract.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT
SECURITY

Signature

(13)

Typed Name and Title

Approved as to Form

(Subcontractor) (14) _____

Attorney General's Office
State of Vermont

Signature

(15)

Typed Name and Title

_____, Counsel
Department of Employment Security
State of Vermont

PROCEDURAL GUIDES FOR
ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS

Part I

0100-0199

Procedural Guide #1

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

- B. Instructions for Completing the Contract for Conduct and Administration of Work Training Form. When preparing the Special Work subcontract it is necessary that the Manpower Specialist complete only an original of these two pages, thus only one signature will be necessary by all parties signing the subcontract. After the subcontract is signed by all parties, the Central Office will make six photocopies of these two pages and attach them to copies of the Proposal for Special Work Project section, (see subsection C below) so that they may be distributed.

When completing a subcontract it is necessary to be absolutely sure that the name of the subcontractor (employer) is the correct legal title of the organization. In addition, one must be positive that the person signing for the subcontractor is a legal representative of the organization authorized to sign in its behalf.

The Contract for Conduct and Administration of Work Training Form should be completed in the following manner:

1. The subcontract number is assigned by the Central Office clerk when the subcontract is initially received by the Central Office and recorded into the Special Work subcontract log. A subcontract number is composed of three parts:
 - a. The first two letters should be "SW", to identify the subcontract as a Special Work subcontract.
 - b. Following "SW" should be the office code identifying the local office where the subcontract originated. The office codes are two digits:

01 = Barre	11 = Rutland
03 = Bennington	12 = St. Albans
05 = Brattleboro	13 = St. Johnsbury
06 = Burlington	14 = Springfield
07 = Middlebury	15 = White River Junction
08 = Montpelier	16 = Morrisville
10 = Newport	

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

- c. The last three digits consist of an assigned sequential number of Special Work subcontracts.

Therefore, a subcontract numbered SW05-098 is a Special Work subcontract originating in the Brattleboro local office, and it is the 98th Special Work subcontract to be received by the Central Office.

2. Enter the employer's Internal Revenue Service identification number if it is available.
3. Enter the day the subcontract is being made (current date) .
4. Enter the month and year the subcontract is being made.
5. Enter the full legal title and address of the subcontracting organization.
6. Enter the type of organization and, if unclear, identify the type as public or private, nonprofit.
7. Enter the name of the state in which the organization is registered.
8. Enter the actual date performance is expected to begin under this subcontract. This date should be at least ten working days subsequent to the date subcontract proposal is submitted to Central Office so as to allow sufficient time for review and approval.
9. Enter the month and year performance is expected to begin.
10. Enter the actual date performance is expected to end under this subcontract (no subcontract may run later than the end of the current fiscal year).

PROCEDURAL GUIDES FOR
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Part I

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

11. Enter the month and year performance is expected to end.
 12. Enter the dollar amount DES agrees to reimburse the employer. This figure is obtained from Item 26 in the Proposal Section of the subcontract. For a facsimile of the Proposal for Special Work Project with Vermont Department of Employment Security Form, see Subsection C below.
 13. Enter the name and title of the Employment Service Director.
 14. Enter the complete name of the subcontracting organization.
 15. Enter the name and title of the person authorized to sign for the subcontracting organization.
- C. The Proposal for Special Work Project with Vermont Department of Employment Security Form. This second part comprises the next six pages of the subcontract. It explicitly details all aspects of the program, including training, funding, billing, working conditions, and fringe benefits. In accordance with Section V of the Proposal for Special Work Project with Vermont Department of Employment Security Form, a sample of the Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666, should be attached to this part of the subcontract.

Standard Industrial Classification (1)

PROPOSAL FOR SPECIAL WORK PROJECT
WITH VERMONT DEPARTMENT OF EMPLOYMENT SECURITY
(Experimental and Demonstration Project)

submitted by

(2)
(name of employer/subcontractor)

(3)
(date)

(4)
(name & address of employer/subcontractor)

proposes to conduct a Special Work Training Program to be
carried out at (5) beginning on or about
(6) (location) and ending (7)

The training will be carried out in accordance with the
attached Training Plan under the general supervision of (8)
(company employee responsible for supervision of trainees)

I. TRAINING PLAN

Employer/subcontractor proposes to provide Special Work training for (9) employees in accordance with the plan below:

Employer/subcontractor proposes to provide the above Special Work Training for a total cost of \$ (10) in accordance with this proposal.

II. ELIGIBILITY

The final responsibility for determining Eligibility for Special Work training will be made by the Vermont Department of Employment Security.

III. NARRATIVE DESCRIPTION OF THE SCOPE OF WORK OF THIS PROPOSAL

(A narrative description of what will be done, who will be served, what equipment and materials will be used, what services will be provided to trainees, and any other information necessary to describe what will be included in the Special Work program. This section should also contain a statement by the employer which explains in detail the potential for permanent non-subsidized retention of the trainee(s) subsequent to the Special Work training provided for by this subcontract; such statement will be considered when deciding whether to approve or disapprove this subcontract proposal.)

(11)

IV. STAFF

(A specific description of how the employer/subcontractor staff will be used to implement the program, and a specific description of how Vermont Department of Employment Security staff will be used to implement the program.)

(12)

V. REPORTING

Form "E&D-666" will be completed by the employer/subcontractor monthly. (See Attached Sample).

At the discretion of the subcontracting employer, Special Work trainees may be released from work for supportive social and/or health service treatments not to exceed 10 hours in any working week. In order for trainees to receive pay during such absences from their regular training jobs, full documentation must accompany "Special Work Enrollee Time Card And Employer's Monthly Invoice." (Form E&D-666)

VI. BILLING

Payment to employer/subcontractor will be made on a cost reimbursement basis with billing to be submitted to Vermont Department of Employment Security every 30 days.

VII. SPECIAL WORK PROJECT TRAINING PLAN

(13)
Date

Contract No. (14)
Project NO. (15)

Contractor:

Vermont Department of Employment Security
Box 488
Montpelier, Vermont 05602

Subcontractor: (16)
(Offerer)

Telephone (17)

1. Project Schedule:

(a) Length of Project: Total Hours (18) Hours per Week (19)
Number of Weeks in Period of Enrollment (20)
Start Date (21) End Date (22)

(b) Number to be Enrolled (23)

(c) Weekly Schedule (24)

<u>2. Wage Information:</u>	<u>Percent</u>	<u>Dollars</u>
Employer's Portion of Gross Costs	<u>(25)</u>	<u>(25)</u>
Cost Reimbursement to Employer	<u>(26)</u>	<u>(26)</u>
Total Estimated Costs (27A)	<u>(27)</u>	<u>(27)</u>

Wages will be paid to trainee(s) on a (28) basis, and wage reimbursements to the employer/subcontractor will be made on a monthly basis.

3. Overall Project Summary

DOT Job Title and Code	No. of Enrollees	Enrollee Work Week Hrs.	Enrollee Wage Per Hrs.	No. of Wks.	Total Wks. Per Enrollee	Wkly Wage Per Enrollee	Total Wage Payments Enrollees	Empl'r Wage Reimbursement
(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36) (37) (37A)	(38)

VIII. RESPONSIBILITY FOR ADMINISTRATION OF SUBCONTRACTS

The employer/subcontractor designates (39), telephone no. (40) (or such other individual as it may name in writing with notice to the Contractor) as the individual in charge of the administration of its promises, duties, and obligations under this contract.

The Contractor designates (41) telephone no. (42) (or any other individual as it may name in writing with notice of employer/subcontractor) as its representative.

IX. CONDITIONS OF THIS SUBCONTRACT

The employer/subcontractor will maintain appropriate standards for the health, safety, and other conditions applicable to the work to be performed and will provide Workmen's Compensation protection for all trainees, or accident and liability insurance coverage to an extent equal to such protection.

A. The employer/subcontractor agrees that these jobs will serve a useful purpose and will not result in the displacement of any employed workers.

B. The employer/subcontractor agrees to employ E&D enrollees under the following conditions:

1. Enrollees will be paid their regular hourly rate for each hour worked up to and including 40 hours per week providing each working day does not exceed 8 hours. For hours in excess of 8 per working day or in excess of 40 per work week trainees must be paid time and a half as specified on page 22 of the General Provisions, Section A. "Contract Work Hours Standards Act-Overtime Compensation."

Subcontracting employers are solely responsible for the payment of overtime wages to trainees unless specified otherwise in the subcontract training plan.

Trainees will be guaranteed at least 30 hours work per week.

2. Enrollees will be paid a minimum of one dollar and sixty (\$1.60) per hour for all hours worked up to forty (40) hours per week and in the same manner and frequency as regular hourly employees. Enrollees will be entitled to regular wage increases in accordance with company policy.

3. All wages are subject to income, social security, and all other applicable taxes. The employer/subcontractor will submit payroll information monthly within three (3) working days each month from the original starting date of the contract (See sample for E&D-666 attached hereto.)

4. The employer/subcontractor will provide adequate supervision not to exceed a ratio of less than one (1) supervisor to ten (10) enrollees.

5. The employer/subcontractor will maintain adequate standards for health, safety, and other conditions applicable to the performance of work.

6. The employer/subcontractor will maintain enrollee time card reports on forms supplied by D.E.S. and submit them to D.E.S. monthly (Form "E&D-666").

7. Authorized representatives of the D.E.S. staff will maintain liaison with the Sponsor or his representative and enrollees to provide supportive services as required.

8. The employer/subcontractor will allow authorized representatives of the E&D staff to review the activity periodically to determine the progress being made by the enrollee.

9. Whenever possible, E&D will notify the employer/subcontractor two (2) weeks before terminating an enrollee's employment. Employment in the Special Work project will be terminated whenever such action serves the needs of the enrollee. The employer/subcontractor will notify E&D before terminating an enrollee's employment giving E&D the opportunity to try to resolve the problems.

10. The following conditions govern policy with respect to sick leave, holidays, and vacation periods: All accrued sick leave, vacation leave or holidays must be used by an enrollee within the inclusive dates of this subcontract in order to be reimbursable by the Department of Employment Security. Particular conditions for sick leave, holidays, and vacation periods which apply to this subcontract are:

_____ to be completed

(43)

11. FICA (Social Security) is provided and paid for by _____

(44)

12. Workmen's Compensation is provided through _____

(45)

13. Describe in detail any other conditions of trainee employment, fringe benefits offered and payment thereof _____

(46)

VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE

(1) Subcontractor _____ (2) Subcontract # _____
 (3) Address _____ (4) Invoice # _____
 (5) Subcontract Period: _____ (6) Period Covered by this Invoice:
 From: _____ To: _____ From: _____ To: _____
 (7) Name of Enrollee _____ (8) Social Security No. _____
 (9) Job Title _____ (10) Hourly Rate of Pay _____

(11)

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

26

(13) ENROLLEE'S SIGNATURE _____ (12) TOTAL HRS. WORKED _____
 (14) SUPERVISOR'S SIGNATURE _____ (15) DATE _____

(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits %	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

(22) AUTHORIZED SIGNATURE _____ (23) TYPED NAME AND TITLE _____ (24) DATE _____
 (Employer/Subcontractor)

(25) INVOICE APPROVED (Manpower Specialist) _____ (26) DATE _____ (27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE _____

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer



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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

- D. Instructions for Completing the Proposal for Special Work Project with Vermont Department of Employment Security Form. Since there is no need for signatures in the Proposal Section, copies of this section should be made before it is received by the Central Office. When completing these six pages, the Manpower Specialist should therefore type one original with six carbon copies, and all seven copies should be sent to the Central Office.

To complete the Proposal Section of the Special Work subcontract the following guide should be used:

1. Enter the employer's (subcontractor's) S.I.C. code from the Standard Industrial Code Handbook.
2. Enter the full legal title of the subcontracting organization, all in capital letters.
3. Enter date proposal is being made (current date).
4. Enter name and address of employer/subcontractor.
5. Enter the location of actual Special Work performance.
6. Enter the date the actual Special Work performance is to begin. (Be certain that sufficient lead time is allowed for approval of the subcontract.)
7. Enter the date the actual Special Work performance is to end. (This date should be within the current fiscal year.)
8. Enter the name of the person the subcontractor designates as supervisor of the trainee.
9. Enter the number of trainees to be enrolled in the subcontract.
10. Enter the total cost of the subcontract. This dollar amount is obtained from the Total Estimated Gross

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SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

Cost shown in the Special Work Training Plan
(Item 27 of this Proposal Section).

11. The narrative section should outline a description of the job for which training is being provided. This description can be obtained from the Dictionary of Occupational Titles. It should also describe the type of training, services to be provided by the employer, and any other information pertinent to the Special Work training program. It is important that this section contain some commitment on the part of the employer that he will permanently retain the client after the training period, if all goes well.

12. The staff section should outline the responsibilities of the subcontractor's staff. An example would be as follows: _____ (Name), _____ (Title) will be the immediate supervisor of the enrollee and will assume the duty of training the enrollee as a _____ (Job Title) and in the use of equipment. From time to time, the enrollee will be assigned special tasks and will be instructed and closely supervised in work procedures. _____ (Name) will advise the E&D Staff in assisting the enrollee to become acclimated to the work situation. E&D staff will maintain close contact with the enrollee to insure adequate adjustment to the work situation and to assist the enrollee with non-job related problems.

In addition, a statement should be made in this section to give the employing organization the responsibility of notifying the E&D team whenever any unusual situation involving a trainee arises. If a trainee does not report for work or is consistently late it should be brought to the attention of the E&D team.

13. Enter the current date.

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

14. Enter the Prime Contract number 82-48-70-30 (see Subsection E below).
15. The project number is the subcontract number assigned by the Central Office (see Section 0103 B)
16. Enter the legal name and address of the subcontracting organization.
17. Enter the telephone number of the subcontracting organization.
18. Enter the total number of hours of this subcontract. This would be the number of enrollees on this subcontract times the number of weeks, times the number of hours per week.
19. Enter the total number of hours per week of this subcontract. This would be the number of hours per week times the number of enrollees.
20. Enter the number of weeks between the starting date of the program and the ending date of the program.
21. Enter the starting date of the actual Special Work program. A trainee should not start training prior to the beginning date of the contract. The subcontract is not binding until it is signed by the Director of Employment Services. If a person is placed in training before the subcontract has been approved or signed then it is the employer's obligation to pay the trainee. Once the subcontract is approved, reimbursement will be made from the day the enrollee starts subsequent to the starting date of the subcontract; however, if the subcontract is never approved, no reimbursement will be made to the employer.
22. Enter the ending date of the Special Work program.
23. Enter the number of training positions in the subcontract.

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

24. Enter the weekly work schedule of the subcontract. This must be very specific. If there is any discrepancy between the weekly schedule denoted in the subcontract and the time billed for on a monthly invoice then the State Finance Office will not approve the billing. It is imperative that whatever time is being billed for is spelled out in the subcontract. Example: Monday through Friday, 8:00 a.m. to 4:30 p.m., with one-half hour lunch period.
25. Enter the employer's portion of gross cost percentage and dollar amount. An explanation of how to arrive at these figures is in the instructions for Item 27.
26. Enter the amount to be reimbursed to the employer/subcontractor by the Department of Employment Security in both dollar and percent figures. An explanation of how to arrive at these figures is in the instructions for Item 27.
27. Enter the Total Estimated Gross Cost of the subcontract in both percentage and dollar amount. NOTE: Items 25, 26 and 27 pertain to the total costs of the subcontract, that is, wages, fringe benefits and, if necessary, traveling expenses. To figure the costs of a subcontract take the weekly wage times the number of weeks plus any traveling expenses or fringe benefits, i.e., F.I.C.A. (5.2% of the wages). The percentage of wage reimbursement to the employer would be multiplied by the total cost to arrive at the dollar amount of reimbursement; the remainder would be the employer's portion of the cost. This agency will consider the reimbursement of fringe benefits to an employer/subcontractor only to the extent that regular employees receive such fringe benefits and only if the trainee actually receives the benefits for which we agree to reimburse. If fringe benefits are included in Item 27, then number 13 (Item 46) on the last page of the

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

Proposal Section must state in detail exactly what fringe benefits the trainee will be eligible for.

- 27a. If traveling expenses have been included in Gross Costs, insert the estimated amount and identify it as "traveling expenses".
28. Enter the pay period of the employer.
29. The subcontract may cover more than one type of job. In this space enter the job title and D.O.T. code for each job classification. Then complete Items 30 through 38 to describe the treatment of each job title. Therefore, Items 29 through 38 will be entered as many times as there are job titles.
30. Enter the number of enrollees for the specific job classification.
31. Enter the hours per week for one enrollee in the specific job classification.
32. Enter the wage per hour for one enrollee in the specific job classification.
33. Enter the total number of weeks in the specific job classification. This would be the number of weeks times the number of enrollees.
34. Enter the total number of weeks for one enrollee in the specific job classification.
35. Enter the weekly wage for one enrollee in the specific job classification.
36. Enter the total wages for all enrollees in the specific job classification.
37. Enter the total amount of fringe benefits for all enrollees in the specific job classification.

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion --
continued

- 37a. Add Item 36 to Item 37.
38. Enter the total amount the Department of Employment Security will reimburse the employer/subcontractor for the specific job classification. This figure is arrived at by multiplying the total wage payments (Item 37a) by the percent of cost reimbursement (Item 26).
39. Enter the name of the individual designated by the employer/subcontractor to be in charge of the administration of the subcontract.
40. Enter the telephone number of the administrator for the employer/subcontractor.
41. Enter the name of the individual designated by the Department of Employment Security as its representative. (This is usually the Manpower Specialist completing the subcontract.)
42. Enter the telephone number of the person designated as DES's representative.
43. If there are any paid holidays, sick leave or annual leave to be provided by the employing organization, it must be spelled out in this area. If sick leave or annual leave are to be accumulated over the term of the subcontract, then a statement must appear as follows: "If earned days of sick leave or annual leave accumulated over the term of this subcontract, are taken, they must be taken prior to the termination date of the subcontract.
44. Enter the name of the organization providing the F.I.C.A. benefits.
45. Enter the name of the insurance carrier providing Workman's Compensation coverage to the employer.
46. Enter any other benefits such as health and accident insurance or life insurance provided by the employer.

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0103 Subcontract: Description and Procedure for Completion --
continued

E. The General Provisions for Cost-Reimbursement Type Contracts Form. The third part is a section of the prime contract between the Vermont Department of Employment Security and the United States Department of Labor. It should be attached to the aforementioned parts of the subcontract since these General Provisions are incorporated into and become part of the subcontract between DES and the employer. Copies of this contract O-357-880 published in July 1969, are available from the U.S. Government Printing Office, Washington, D.C.

0105 Subcontracts with other State Agencies. Many of the employer/subcontractors who are involved with the E&D Special Work Project are other State agencies, as well as some of the Department of Employment Security local offices. Technically, the Department of Employment Security cannot enter into a subcontract with either another State agency or itself. Special forms are provided in such cases. These basically follow the same format as the subcontract which is used with only non-State employers, and they are filled out in the same manner. For facsimile of the Contract for Conduct and Administration of Work Training Form and the Proposal for Special Work Project with Vermont Department of Employment Security Form see Section 0103 A and C. They differ only in that certain legal terminology is changed and unnecessary items are deleted. The forms to be used with all State agency employer/subcontractors (except DES) are:

A. Agreement for Conduct and Administration of Work Training Form. This is printed on green paper to differentiate it from other subcontractual forms.

Agreement No. _____
IRS-ID Number _____

AGREEMENT FOR CONDUCT AND
ADMINISTRATION OF WORK TRAINING

This Agreement is entered into this _____ day of
_____ 19 ____, between the State of Vermont, Department
of Employment Security, Montpelier, Vermont, hereinafter called
the "Contractor" and _____
(name and address)
_____, hereinafter called the "Agency."

WHEREAS, the Contractor, on the 30th day of June, 1970,
received a Contract under the Manpower Development and Training
Act of 1962, as amended (MDTA) from the United States Department
of Labor, Manpower Administration (hereinafter referred to as
the DOL), said Contract being designated as Contract No. 82-48-
70-30; and

WHEREAS, pursuant to said Contract the Contractor is under-
taking certain activities; and

WHEREAS, the Contractor desires to engage the Agency to
render certain assistance in such undertaking;

Now therefore the Contractor and the Agency do mutually
agree as follows:

ARTICLE 1. SCOPE OF WORK

Agency's accepted Scope of Work outlined in the proposal
is attached hereto and a part thereof and shall govern the work
of this agreement.

ARTICLE 2. PERIOD OF THE AGREEMENT

The Agency shall commence performance under the terms and
conditions as mutually established herein on the _____ day
of _____ 19 ____ and such performance shall be completed
no later than _____ day of _____ 19 ____.

ARTICLE 3. CONSIDERATION

In consideration of the foregoing the Contractor agrees to
reimburse the Agency allowable costs incurred, in an amount not
to exceed (written dollar amount) (\$ _____) for full
and complete performance of this agreement in accordance with DOL,

regulations relating to Allowable Payment and in accordance with the attached proposal.

ARTICLE 4. REPORTING

The Agency shall prepare and submit such reports as may be required from time to time in such format and detail as directed by the Contractor.

ARTICLE 5. PRIME CONTRACT

The Agency hereby agrees upon execution of this agreement that the General Provisions (Attachment B) of the prime contract no. 82-48-70-30 between the United States Department of Labor and the State of Vermont, Department of Employment Security are incorporated into and become part of this agreement.

ARTICLE 6. AGREEMENT APPROVAL

It is hereby understood and mutually agreed that notwithstanding any other article of this Agreement that it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Agreement.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

Signature

Typed Name and Title

Approved As To Form

(Agency)

Attorney General's Office
State of Vermont

Signature

Typed Name and Title

_____, Counsel
Department of Employment Security
State of Vermont

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0105 Subcontracts with other State Agencies -- continued

- B. Proposal for Special Work Project with Vermont
Department of Employment Security Form. This is also
printed on green paper.

Standard Industrial Classification _____

**PROPOSAL FOR SPECIAL WORK PROJECT
WITH VERMONT DEPARTMENT OF EMPLOYMENT SECURITY
(Experimental and Demonstration Project)**

Submitted by

(Name of Agency)

(Date)

(Name & Address of Agency)

proposes to conduct a Special Work Training Program to be carried
out at _____ beginning on or about _____
(Location)
and ending _____.

The training will be carried out in accordance with the
attached Training Plan under the general supervision of

(Agency employee responsible
for supervision of trainees)

I. TRAINING PLAN

Agency proposes to provide Special Work training for _____
employees in accordance with the plan below:

Agency proposes to provide the above Special Work training for a total cost of \$ _____ in accordance with this proposal.

II. ELIGIBILITY

The final responsibility for determining Eligibility will be made by the Vermont Department of Employment Security.

III. NARRATIVE DESCRIPTION OF THE SCOPE OF WORK OF THIS PROPOSAL

(A narrative description of what will be done, who will be served, what equipment and materials will be used, what services will be provided to trainees, and any other information necessary to describe what will be included in the Special Work Program.)

IV. STAFF

(A specific description of how the Agency staff will be used to implement the program, and a specific description of how Vermont Department of Employment Security staff will be used to implement the program.)

V. REPORTING

Form "E&D-666" will be completed by the Agency monthly. (See Attached Sample).

At the discretion of the Agency, Special Work trainees may be released from work for supportive social and/or health service treatments not to exceed 10 hours in any working week. In order for trainees to receive pay during such absences from their regular training jobs, full documentation must accompany "Special Work Enrollee Time Card And Agency's Monthly Invoice." (form E&D-666)

VI. BILLING

Payment to Agency will be made on a cost reimbursement basis with billing to be submitted to Vermont Department of Employment Security every 30 days.

VII. SPECIAL WORK PROJECT TRAINING PLAN

_____ Date _____

Agreement No. _____
Project No. _____

Contractor:

Agency: (offerer)

Vermont Department of Employment Security
Box 488
Montpelier, Vermont 05602

Telephone _____

1. Project Schedule:

- (a) Length of Project: Total Hours _____ Hours Per Week _____
Number of Weeks in Period of Enrollment _____
Start Date _____ End Date _____
- (b) Number to be Enrolled _____
- (c) Weekly Schedule _____

2. Wage Information:

Percent

Dollars

Agency's Portion of Gross Costs _____
Cost Reimbursement to Agency _____
Total Estimated Costs _____

_____	_____
_____	_____
_____	_____

Wages will be paid to trainee(s) on a _____ basis, and wage reimbursements to the Agency will be made on a monthly basis.

3. Overall Project Summary

DOT Job Title and Code	No. of Enrollees	Enrollee Work Wage		No. of Wks.	Total Wks. Per Enrollee	Wkly Wage Per Enrollee	Total Wage Payments Enrollees	Agency Wage Reimbursement
		Week	Per Hrs.					



VIII. RESPONSIBILITY FOR ADMINISTRATION OF AGREEMENT

The Agency designates _____, telephone no. _____ (or such other individual as it may name in writing with notice to the Contractor) as the individual in charge of the administration of its promises, duties, and obligations under this contract.

The Contractor designates _____, telephone no. _____ (or any other individual as it may name in writing with notice of Agency) as its representative.

IX. CONDITIONS OF THIS SUBCONTRACT

The Agency will maintain appropriate standards for the health, safety, and other conditions applicable to the work to be performed and will provide Workmen's Compensation protection for all trainees, or accident and liability insurance coverage to an extent equal to such protection.

- A. The Agency agrees that these jobs will serve a useful purpose and will not result in the displacement of any employed workers.
- B. The Agency agrees to employ E&D enrollees under the following conditions:
 1. Enrollees will be paid their regular hourly rate for each hour worked up to and including 40 hours per week providing each working day does not exceed 8 hours. For hours in excess of 8 per working day or in excess of 40 per work week trainees must be paid time and a half as specified on page 22 of the General Provisions, Section A, "Contract Work Hours Standards Act-Overtime Compensation."

The Agency is solely responsible for the payment of overtime wages to trainees unless specified otherwise in the subcontract training plan.

Trainee will be guaranteed at least 30 hours work per week.

2. Enrollees will be paid a minimum of one dollar and sixty (1.60) per hour for all hours worked up to forty (40) hours per week and in the same manner and frequency as regular hourly employees. Enrollees will be entitled to regular wage increases in accordance with company policy.
3. All wages are subject to income, social security, and all other applicable taxes. The Agency will submit payroll information monthly within three (3) working days each month from the original starting date of the contract (See sample Form E&D-666 attached hereto).
4. The Agency will provide adequate supervision not to exceed a

ratio of less than one (1) supervisor to ten (10) enrollees.

5. The Agency will maintain adequate standards for health, safety, and other conditions applicable to the performance of work.
6. The Agency will maintain enrollee time card reports on forms supplied by D.E.S. and submit them to D.E.S. monthly (Form "E&D-666").
7. Authorized representatives of the D.E.S. staff will maintain liaison with the Agency or its representative and enrollees to provide supportive services as required.
8. The Agency will allow authorized representatives of the E&D staff to review the activity periodically to determine the progress being made by the enrollee.
9. Whenever possible, E&D will notify the Agency two (2) weeks before terminating an enrollee's employment. Employment in the Special Work Project will be terminated whenever such action serves the needs of the enrollee. The Agency will notify E&D before terminating an enrollee's employment giving E&D the opportunity to try to resolve the problems.
10. The following conditions govern policy with respect to sick leave, holidays and vacation periods:

_____ to be completed

11. FICA (Social Security) is provided and paid for by: _____

12. Workmen's Compensation is provided through: _____

13. Describe in detail any other conditions of trainee employment, fringe benefits offered and payment thereof: _____

VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE

(1) Subcontractor _____ (2) Subcontract # _____
 (3) Address _____ (4) Invoice # _____
 (5) Subcontract Period:
 From: _____ To: _____ (6) Period Covered by this Invoice:
 From: _____ To: _____
 (7) Name of Enrollee _____ (8) Social Security No. _____
 (9) Job Title _____ (10) Hourly Rate of Pay _____

(11)

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

(13) ENROLLEE'S SIGNATURE _____ (12) TOTAL HRS. WORKED _____
 (14) SUPERVISOR'S SIGNATURE _____ (15) DATE _____

(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits %	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

 (22) AUTHORIZED SIGNATURE (Employer/Subcontractor) (23) TYPED NAME AND TITLE (24) DATE

 (25) INVOICE APPROVED (Manpower Specialist) (26) DATE (27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer

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SUBCONTRACTUAL AGREEMENTS

- 0105 Subcontracts with other State Agencies -- continued
- C. General Provisions for Cost-Reimbursement Type Contracts Form. For a description of this form see Section 0103 E.
- 0107 Additional subcontractual forms. The forms to be used when the employer/subcontractor is a Department of Employment Security local office are:
- A. Directive for Conduct and Administration of Work Training Form.

Subcontract No. _____
IRS-ID Number _____

**DIRECTIVE FOR CONDUCT AND
ADMINISTRATION OF WORK TRAINING**

To: _____
hereinafter called the local office.

WHEREAS, the Department of Employment Security, State of Vermont hereinafter called the Contractor, on the 30th day of June, 1970, received a Contract under the Manpower Development and Training Act of 1962, as amended (MDTA) from the United States Department of Labor, Manpower Administration (hereinafter referred to as the DOL), said Contract being designated as Contract No. 82-48-70-30; and

WHEREAS, pursuant to said Contract the Contractor is undertaking certain activities; and

WHEREAS, the Contractor intends that the local office render certain assistance in such undertaking;

Now therefore the Contractor directs the local office as follows:

ARTICLE I. SCOPE OF WORK

The local office accepted Scope of Work outlined in the proposal is attached hereto and a part thereof and shall govern the work of this directive.

ARTICLE 2. PERIOD OF THE PERFORMANCE

The local office shall commence performance under the terms and conditions as established herein on the _____ day of _____ 19 _____ and such performance shall be completed no later than _____ day of _____ 19 _____.

ARTICLE 3. ALLOWABLE COSTS

Allowable costs incurred for full and complete performance of this directive in accordance with D.O.L. regulations relating to Allowable Payment and in accordance with attached proposal

shall not exceed _____ (\$ _____).
(written dollar amount)

ARTICLE 4. REPORTING

The Local Office shall prepare and submit such reports as may be required from time to time in such format and detail as directed by the Contractor.

ARTICLE 5. PRIME CONTRACT

The Local Office shall comply with the General Provisions (Attachment B) of the prime contract no. 82-48-70-30 between the United States Department of Labor and the State of Vermont, Department of Employment Security, incorporated into and made a part of this Directive.

ARTICLE 6. DIRECTIVE APPROVAL

It is hereby understood and mutually agreed that notwithstanding any other article of this Directive that it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Directive.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

Signature

Typed Name and Title

Approved as to Form

Attorney General's Office
State of Vermont

, Counsel
Department of Employment Security
State of Vermont

ACCEPTED

By _____

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0107 Additional subcontractual forms -- continued

B. Proposal for Special Work Project with Vermont Department of Employment Security Form.

Standard Industrial Classification

PROPOSAL FOR SPECIAL WORK PROJECT
WITH VERMONT DEPARTMENT OF EMPLOYMENT SECURITY
(Experimental and Demonstration Project)

Submitted by

(name of Local Office)

(date)

(name & address of Local Office)

proposes to conduct a Special Work Training Program to be carried
out at _____ beginning on or about _____
(location)
_____ and ending _____

The training will be carried out in accordance with the
attached Training Plan under the general supervision of

(local office employee responsible for
supervision of trainees)

I. TRAINING PLAN

_____ The Local Office will provide Special Work Training for
_____ employees in accordance with the
plan below:

The Local Office will provide the above Special Work Training at a total cost of \$ _____ in accordance with this proposal.

II. ELIGIBILITY

The final responsibility for determining Eligibility will be made by the Vermont Department of Employment Security.

III. NARRATIVE DESCRIPTION OF THE SCOPE OF WORK OF THIS PROPOSAL

(A narrative description of what will be done, who will be served, what equipment and materials will be used, what services will be provided to trainees, and any other information necessary to describe what will be included in the Special Work Program.)

IV. STAFF

(A specific description of how the local office staff will be used to implement the program, and a specific description of how Vermont Department of Employment Security staff will be used to implement the program.)

V. REPORTING

Form "E&D-666" will be completed by the local office monthly (See Attachment Sample).

At the discretion of the local office, Special Work Trainees may be released from work for supportive social and/or health service treatments not to exceed 10 hours in any working week. In order for trainees to receive pay during such absences from their regular training jobs, full documentation must accompany "Special Work Enrollee Time Card and Employer's Monthly Invoice." (Form E&D-666)

VI. BILLING

Billing with respect to cost reimbursement to the Department of Employment Security will be submitted by the local office to the Department every 30 days.

VII. SPECIAL WORK PROJECT TRAINING PLAN

Directive No. _____
 Project No. _____

_____ Date _____

Contractor:

Vermont Department of Employment Security
 Box 488
 Montpelier, Vermont 05602

Telephone _____

1. Project Schedule:

(a) Length of Project: Total Hours _____ Hours Per Week _____
 Number of Weeks in Period of Enrollment _____
 Start Date _____ End Date _____

(b) Number to be Enrolled _____

(c) Weekly Schedule _____

2. Wage Information:

Percent

Dollars

Department Portion of Gross Costs _____

Cost Reimbursement to Department _____

Total Estimated Costs _____

Wages will be paid to trainee(s) on a _____ basis, and wage reimbursements to the Department will be made on a monthly basis.

3. Overall Project Summary

DOT Job Title and Code	No. of Enrollees	Enrollee Work Week Per Hrs.	Enrollee Wage Per Hrs.	No. of Wks. Per Enrollee	Total Wks. Per Enrollee	Wkly Wage Per Enrollee	Total Wage Payments Enrollees	Empl'r Wage Reimbursement

VIII. RESPONSIBILITY FOR ADMINISTRATION OF WORK TRAINING

The Contractor designates _____, telephone no. _____ (or such other individual as it may name in writing to the Contractor) as the individual in charge of the administration of the duties, and obligations of the local office under this directive.

The Contractor designates _____, telephone no. _____ (or any other individual as it may name in writing) as its representative.

IX. CONDITIONS OF THIS DIRECTIVE

The local office will maintain appropriate standards for the health, safety, and other conditions applicable to the work to be performed. Workmen's Compensation protection for all trainees, or accident and liability insurance coverage to an extent equal to such protection will be provided by the Contractor.

- A. The local office will see that these jobs will serve a useful purpose and will not result in the displacement of any employed workers.
- B. The local office will employ E&D enrollees under the following conditions:
 - 1. The Enrollees will be paid their regular hourly rate for each hour worked up to and including 40 hours per week providing each working day does not exceed 8 hours. For hours in excess of 8 per working day or in excess of 40 per work week trainees must be paid time and a half as specified on page 22 of the General Provisions, Section A, "Contract Work Hours Standards Act-Overtime Compensation."

Payment of overtime wages to trainees unless specified otherwise in the training plan will be provided.

Trainee will be guaranteed at least 30 hours per week.

- 2. Enrollees will be paid a minimum of one dollar and sixty (1.60) per hour for all hours worked up to forty (40) hours per week and in the same manner and frequency as regular hourly employees.
- 3. All wages are subject to income, social security, and all other applicable taxes. The local office will submit payroll information monthly within three (3) working days each month from the original starting date of the contract (See sample for E&D-666 attached hereto).

4. The local office will provide adequate supervision not to exceed a ratio of less than one (1) supervisor to ten (10) enrollees.

5. The local office will maintain adequate standards for health, safety, and other conditions applicable to the performance of work.

6. The local office will maintain enrollee time card reports on forms supplied by D.E.S. and submit them to D.E.S. monthly (Form "E&D-666")

7. Authorized representatives of the D.E.S. staff will maintain liaison with the Sponsor or his representative and enrollees to provide supportive services as required.

8. The local office will allow authorized representatives of the E&D staff to review the activity periodically to determine the progress being made by the enrollee.

9. Whenever possible, E&D will notify the local office two (2) weeks before terminating an enrollee's employment. Employment in the Special Work Project will be terminated whenever such action serves the needs of the enrollee. The local office will notify E&D before terminating an enrollee's employment giving E&D the opportunity to try to resolve the problems.

10. The following conditions govern policy with respect to sick leave, holidays and vacation periods:

_____ to be completed

11. FICA (Social Security) is provided and paid for by _____

12. Workmen's Compensation is provided through _____

13. Describe in detail any other conditions of trainee employment, fringe benefits offered and payment thereof _____

VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE

(1) Subcontractor _____ (2) Subcontract # _____
 (3) Address _____ (4) Invoice # _____
 (5) Subcontract Period: _____ (6) Period Covered by this Invoice:
 From: _____ To: _____ From: _____ To: _____
 (7) Name of Enrollee _____ (8) Social Security No. _____
 (9) Job Title _____ (10) Hourly Rate of Pay _____

(11)

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

(13) ENROLLEE'S SIGNATURE _____ (12) TOTAL HRS. WORKED _____
 (14) SUPERVISOR'S SIGNATURE _____ (15) DATE _____

(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits %	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

(22) AUTHORIZED SIGNATURE _____ (23) TYPED NAME AND TITLE _____ (24) DATE _____
 (Employer/Subcontractor)

(25) INVOICE APPROVED (Manpower Specialist) _____ (26) DATE _____ (27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE _____

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer

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SUBCONTRACTUAL AGREEMENTS

0107 Additional subcontractual forms -- continued

C. General Provisions for Cost-Reimbursement Type Contracts Form. For a description of this form, see Section 0103 E. In this entire Procedural Guide all of the procedural information which pertains to subcontracts is also applicable for agreements (with other State agencies) and directives (to DES local offices).

0109 Subcontract Negotiation. The primary responsibility of the Manpower Specialist is to develop job slots for the SWP clients. He must seek out potential employer/subcontractors, determine the advisability of entering into a subcontract, and negotiate the details of the subcontract. The E&D Project provides a checklist to assist the Manpower Specialist in assessing the value and in negotiating the points of each prospective subcontract. He should always be aware of this checklist during negotiations with the potential employer/subcontractor.

- A. Does the Special Work position prepare the trainee for later employment in line with his vocational plan?
- B. Will the Special Work training equip the trainee with a skill or skills which will enable him to secure regular employment at a later date?
- C. Will the Special Work trainee be well supervised and have established standards of performance?
- D. Does the subcontract specifically state the terms of employment, pay rate, pay rate increases if any, Workmen's Compensation, Social Security, and arrangement for payment of overtime work?
- E. Does the subcontract provide specifically for regular periods during the course of the Special Work Project in which trainees may meet with an E&D Counselor in order to discuss his progress, problems, etc.?
- F. Does the subcontract specify any commitment on the part of the employer/subcontractor to provide regular employment to the Special Work trainee upon the completion of training?

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SUBCONTRACTUAL AGREEMENTS

0109 Subcontract Negotiation -- continued

- G. Does the subcontract specify provisions for "Employability Orientation" to be provided either on employer/subcontractor's premises or at local E&D facility during release time provided by employer/subcontractor.
- H. Are the specific services the employer/subcontractor is to provide clearly spelled out?
- I. Are the specific services to be provided by E&D unit personnel clearly delineated?
- J. Is the correct legal title of the subcontracting organization used?
- K. Has the subcontract been signed by a person legally authorized to sign for the organization?

0111 Approval and Distribution of Special Work Subcontracts.
After the Manpower Specialist has completed the subcontract and secured the authorized signature of the subcontracting organization, he sends the first two sections (the original of the Contract for Conduct and Administration of Work Training Form and the original plus six copies of the Proposal for Special Work Project with Vermont Department of Employment Security Form) to the Central Office. The subcontracting organization should keep the third section (The General Provisions for Cost-Reimbursement Type Contracts Form).

When the Central Office clerk receives a subcontract, he assigns to it a subcontract number (see Section 0103 B). He enters the number in Item 1 of the Contract for Conduct and Administration of Work Training Form and in Item 15 of the Proposal Section. He then records the subcontract in a Special Work subcontract log.

After logging the subcontract, the Central Office clerk sends the original of both sections to the DES legal department for approval. Once DES's counsel has approved and signed the subcontract, the legal department sends it to

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0111 Approval and Distribution of Special Work Subcontracts --
continued

the State's Attorney General's office for approval and signature. The Attorney General's office then returns the subcontract to the Central Office clerk who sends it to the Director of Employment Services for his review and approval. He returns the subcontract to the Central Office clerk who makes six copies of the first section (pages one and two) and collates them with the six copies of the second section (the Proposal Section).

At this point, the subcontract is ready for distribution. One copy and the original go to the Department of Employment Security Fiscal Department. The DES Fiscal Department, in turn, sends the original to the Vermont Department of Finance. Two copies are then routed to the originating local office. The local office keeps one copy on file and sends the other to the subcontracting organization. Two additional copies (with covering letter) are sent to the Department of Labor in Washington. The Department of Labor Contracting Officer reviews and approves the subcontract via a letter sent to the Central Office. One copy is then placed in the Central Office Special Work subcontract file. Since each subcontract has its own file folder, any subsequent correspondence, memos, or amendments relating to the subcontract are placed in the designated subcontract folder.

The Central Office clerk must maintain a record of this entire procedure, from the time the subcontract is initially received by the Central Office to the time all of the copies are sent to their proper destination. The record is maintained so that the subcontracts cannot get lost in the shuffle and so that they may be processed as rapidly and expeditiously as possible. This routing process is recorded in the Subcontract Control Record Form. The form and instructions for its maintenance are as follows:

A. Subcontract Control Record Form

Subcontract Numbers	Received in Central Office	Sent to Legal Department	Returned from Legal Department	Sent to Director of Employment Services	Sent to Washington	Copies sent to Local Office	One copy and original sent to Fiscal

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0111 Approval and Distribution of Special Work Subcontracts --
continued

B. Instructions in Maintaining the Contract Control Record.
As each subcontract is initially received by the Central Office clerk, the assigned subcontract number and date of arrival are entered in the Contract Control Record. The stages of the routing process are.

1. Sent to the Legal Department
2. Returned from Legal Department
3. Sent to Director of Employment Service
4. Sent to Washington
5. Copies sent to local office
6. Original and one copy sent to Fiscal Section

As each stage is completed, the completion date is recorded. After the last stage, the final copy should be filed in the Central Office subcontract files.

0113 Subcontract Amendments. Frequently situations arise that require the amending of a subcontract. One reason for this amendment procedure is the possible need for extending a subcontract's time period. A desire to phase down subsidy or the change in the number of job slots in a subcontract are additional reasons.

Since some causes for amending may be atypical, a particular item in the amendment format may have to be changed occasionally to suit the situation. Once the Subcontract Amendment is completed and signed by the employer/subcontractor, it follows the same approval, copying and distribution procedure as the first section of the subcontract (see Section 0111). When an amendment is necessary, an Amendment to Contract for Conduct and Administration of Work Training Form must be completed. As with the subcontract, this form pertains only to organizations not connected with the State government. This form is listed below as are the forms needed when another State agency and the

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0113 Subcontract Amendments -- continued

Department of Employment Security local office are involved. The same basic format is used in all three cases, the only difference being that the form for DES is a simplified version of the other amendments.

- A. Amendment to Contract for Conduct and Administration of Work Training Form.

AMENDMENT
TO
CONTRACT FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

This Agreement is entered into this (1) day of (2) 19 (2) between the State of Vermont, Department of Employment Security, Montpelier, Vermont, a government agency, hereinafter called the "Contractor" and (3) hereinafter called the "Subcontractor".

Whereas, on the (4) day of (5) 19 (5) the Contractor and the Subcontractor entered into a Contract for Conduct and Administration of the Family Assistance Program, said Contract being designated Subcontract No. (6) and

Whereas, the allowable costs that have been and will be incurred by the Subcontractor under said Contract will be substantially less than anticipated at the time of the execution of the said Contract, and

Whereas, the Contractor and the Subcontractor have mutually agreed to modify certain items of said Contract.

NOW, THEREFORE, in consideration of the promises and agreements of the parties hereinafter contained, it is mutually agreed:

I. To amend and modify the proposal of the Subcontractor, attached to and made a part of said Contract, as follows:

A. The Subcontractor proposes to provide Special Work training for (7) employees in accordance with the attached plan in lieu of the number (8) and the plan set forth in said proposal.

B. The Subcontractor proposes to provide the Special Work training for a total cost of \$ (9) in lieu of the amount \$ (10) specified in said proposal.

II. To amend and modify Article 3 of said Contract to provide that the Contractor agrees to reimburse the Subcontractor allowable costs incurred in an amount not to exceed \$ (11) in lieu of the amount \$ (12) specified.

III. The Contractor and Subcontractor mutually agree to the performance of said Contract as here amended, and do release and discharge each other from the obligations of the Contract in conflict with this agreement.

IV. It is hereby understood and mutually agreed that notwithstanding any other provision of this Agreement that it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this

Agreement.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

Signature

(13)

Typed Name and Title

Approved As To Form

SUBCONTRACTOR (14)

Attorney General's Office
State of Vermont

Signature

(15)

Typed Name and Title

_____, Counsel
Department of Employment Security
State of Vermont

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SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

B. Amendment to Agreement for Conduct and Administration
of Work Training Form.

**AMENDMENT
TO
AGREEMENT FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING**

This Agreement is entered into this _____ day of _____ 19____ between the State of Vermont, Department of Employment Security, Montpelier, Vermont, a government agency, hereinafter called the "Contractor" and _____ hereinafter called the "Agency".

Whereas, on the _____ day of _____ 19____ the Contractor and the Agency entered into an Agreement for Conduct and Administration of the Family Assistance Program, said Agreement being designated Agreement No. _____ and

Whereas, the allowable costs that have been and will be incurred by the Agency under said Contract will be substantially _____ than anticipated at the time of the execution of the said Agreement, and

Whereas, the Contractor and the Agency have mutually agreed to modify certain items of said Agreement.

NOW, THEREFORE, in consideration of the promises and agreements of the parties hereinafter contained, it is mutually agreed:

I. To amend and modify the proposal of the Agency attached to and made a part of said agreement as follows:

A. The Agency proposes to provide Special Work training for _____ employees in accordance with the attached plan in lieu of the number _____ and the plan set forth in said proposal.

B. The Agency proposes to provide the Special Work training for a total cost of \$ _____ in lieu of the amount \$ _____ specified in said proposal.

II. To amend and modify Article 3 of said Agreement to provide that the Contractor agrees to reimburse the Agency allowable costs incurred in an amount not to exceed \$ _____ in lieu of the amount \$ _____ specified.

III. The Contractor and Agency mutually agree to the performance of said Agreement as here amended, and do release and discharge each other from the obligations of the Agreement in conflict with this Amendment.

IV. It is hereby understood and mutually agreed that not-with - standing any other provision of this Agreement that it shall not

become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Agreement.

STATE OF VERMONT, DEPARTMENT
OF EMPLOYMENT SECURITY

Signature

Typed Name and Title

Approved As To Form:

AGENCY:

Attorney General's Office
State of Vermont

Signature

Typed Name and Title

_____, Counsel
Dept. of Employment Security
State of Vermont

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

C. Amendment to Directive for Conduct and Administration
of Work Training Form.

AMENDMENT
TO
DIRECTIVE FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

To: _____

WHEREAS, on the 1st day of July, 1972, the Department of Employment Security, State of Vermont, hereinafter called the contractor issued a Directive to _____ hereinafter called the Local Office, for Conduct and Administration of the Family Assistance Program, said Directive being designated Directive No. _____, and

WHEREAS, the allowable costs that have been and will be incurred by the local office under said directive will be more than anticipated at the time of issuance of said Directive.

NOW, THEREFORE, Directive No. _____ is modified and amended as follows:

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

Signature

Approved As To Form:

Typed Name and Title

Attorney General's Office,
State of Vermont

ACCEPTED:

By: _____

_____, Counsel
Department of Employment Security
State of Vermont

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SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

D. Instructions for Completing Amendment to Contract for Conduct and Administration of Work Training the Amendment to Contract for Conduct and Administration of Work Training Form the following guide should be used:

1. Enter the current day of filling out the amendment.
2. Enter the current month and year.
3. Enter the complete legal name of the subcontracting organization.
4. Enter the day on which the original subcontract was drawn up.
5. Enter the month and year in which the original subcontract was drawn up.
6. Enter the assigned subcontract number.
7. If there is a change in the number of job slots, enter the new number of employees the subcontract is to cover.
8. If there is a change in the number of job slots, enter the original number of employees the subcontract was to cover. If Items 7 and 8 are filled out, it is necessary to complete and attach the "Special Work Project Training Plan" (Proposal for Special Work Project with Vermont Department of Employment Security Form, see 0103 C).
9. If there is a change in the total cost of the Special Work training, enter the new amount.
10. If there is a change in the total cost of the Special Work training, enter the original amount.
11. Enter the new amount of subsidy the Department of Employment Security agrees to give the subcontractor.

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0113 Subcontract Amendments -- continued

12. Enter the original amount of subsidy the Department of Employment Security agreed to give the subcontractor.
13. Enter the name and title of the Director of the Employment Service.
14. Enter the legal name of the subcontracting organization.
15. Enter the name and title of the individual authorized to sign for the subcontracting organization.

0115 Subcontract Terminations. At times, it is advantageous to terminate a subcontract. Once funds are allocated for a specific subcontract, they are not available for other subcontracts. Therefore, if a subcontract has vacant job slots, its termination may be advisable so that the funds may be used for other purposes. Another situation which may require subcontract termination arises when the employer/subcontractor's training is not up to par.

When subcontract termination is necessary, a SWP Subcontract Termination Amendment Form must be completed. As usual, there are three different termination forms: one for a subcontracting organization not connected with the State government; one for other State agencies; and one for the Department of Employment Security (DES) local offices.

The same basic format is used for terminations with organizations not connected with the State government and other State agencies, and they follow the same approval, copying and distribution procedure as the first section of the subcontract (see Section 0111). The instructions for completing the SWP Subcontract Termination Amendment Form are listed subsequent to the forms below.

The form used with the DES local offices follows a simplified format and must be signed only by the Director of Employment Service. The procedure for copying and distribution is the same as that for the other termination forms.

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0115 Subcontract Terminations -- continued

- A. SWP Subcontract Termination Amendment Form for Subcontracting Organizations Not Connected With the State Government.

SWP SUBCONTRACT TERMINATION
 AMENDMENT FORM

This Agreement is entered into this (1) day of (2)
 19 (2) between the State of Vermont, Department of Employment
 Security, Montpelier, Vermont, a government agency, hereinafter
 called the "Contractor" and (3)
 hereinafter called the "Subcontractor".

Whereas, on the (4) day of (5) 19 (5)
 the Contractor and the Subcontractor entered into a Contract for
 Conduct and Administration of the Family Assistance Program, said
 Contract being designated Subcontract No. (6) and

Whereas, the Contractor and the Subcontractor have mutually
 agreed to the termination of said Contract.

NOW, THEREFORE, the Contractor and the Subcontractor mutu-
 ally agree to release and discharge, and do release and discharge,
 each other from the obligations of the Contract.

STATE OF VERMONT
 DEPARTMENT OF EMPLOYMENT SECURITY

 Signature
(7), ES Director
 Typed Name and Title

Approved as to Form

SUBCONTRACTOR (8)

 Attorney General's Office
 State of Vermont

 Signature

 Typed Name and Title

_____, Counsel
 Department of Employment Security
 State of Vermont

PROCEDURAL GUIDES FOR
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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0115 Subcontract Terminations -- continued

B. SWP Agreement Termination Amendment Form for Other
State Agencies.

**SWP AGREEMENT TERMINATION
AMENDMENT FORM**

This Agreement is entered into this _____ day of _____
19____ between the State of Vermont, Department of Employment
Security, Montpelier, Vermont, a government agency, hereinafter
called the "Contractor" and _____
_____ hereinafter called the "Agency".

Whereas, on the _____ day of _____ 19____ the
Contractor and the Agency entered into a Contract for Conduct
and Administration of the Family Assistance Program, said Con-
tract being designated Subcontract No. _____ and

Whereas, the Contractor and the Agency have mutually agreed
to the termination of said Contract.

NOW, THEREFORE, the Contractor and the Agency mutually
agree to release and discharge, and do release and discharge,
each other from the obligations of the Contract.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

Signature

_____, ES Director
Typed Name and Title

Approved as to Form

AGENCY

Attorney General's Office
State of Vermont

Signature

Typed Name and Title

_____, Counsel
Department of Employment Security
State of Vermont

PROCEDURAL GUIDES FOR
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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0115 Subcontract Terminations -- continued

C. Directive for Termination Form for Department of Employment Security Local Offices.

DIRECTIVE FOR TERMINATION

TO: _____ local office of the
Department of Employment Security.

Directive No. _____ dated _____ 19 _____
is terminated effective _____ 19 _____.

Dated this _____ day of _____ 19 _____.

State of Vermont, Department
of Employment Security

By: _____, Director
Vermont State Employment
Service

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SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0115 Subcontract Terminations -- continued

D. Instructions for Completing the SWP Subcontract Termination Amendment Form.

1. Enter the current day of filling out the termination.
2. Enter the current month and year.
3. Enter the complete legal name of the subcontracting organization.
4. Enter the day on which the original subcontract was drawn up.
5. Enter the month and year the original subcontract was drawn up.
6. Enter the assigned subcontract number.
7. Enter the name and title of the Director of the Employment Service
8. Enter the legal name of the subcontracting organization.
9. Enter the name and title of the individual authorized to sign for the subcontracting organization.

Part II

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**MARKETING
SPECIAL WORK PROJECT**

PROCEDURAL GUIDES FOR
ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS

Part II
0200-0299

Procedural Guide #2

0200-0203
9/30/73

MARKETING
SPECIAL WORK PROJECT

- 0200 Introduction. The Manpower Specialist must be familiar with the basic information necessary to market Special Work Project to potential employers. General marketing procedure and specific procedure for marketing Special Work is utilized by the Manpower Specialist who makes the direct contact in soliciting employers. A standard form letter is also available to the Manpower Specialist to be used as the initial contact with the prospective employer. This Procedural Guide is composed of a general discussion on marketing procedure; a form letter to potential employers soliciting their participation in the project; and a specific checklist to be used in marketing Special Work Project.
- 0203 General Marketing Techniques and Special Work Project. In order to market Special Work Project, the Manpower Specialist must utilize the basic selling techniques used to market any product. Knowledge of the product is the most important asset a salesman can possess. Confidence is gained from knowledge and grows with use.

The goal is to identify the employer's need and then satisfy the need. This goal is achieved by promotion, study, analysis and presentation. Helping a businessman recognize his problems by placing our full range of services, knowledge, experience and ability at his disposal will serve this goal. The more the Manpower Specialist listens, the better he can determine what the employer's problems and needs are. With this knowledge he is in the position to solve or alleviate these problems and fulfill these needs.

When making the first contact with an employer, it is desirable to start as high up the ladder as possible. It is difficult to go to the principal when turned down by a subordinate. Also, an introduction by the boss usually produces a very attractive reception.

Being of service to an employer is the most important approach. As a representative of the Employment Service, the Manpower Specialist should offer him the full range of Employment services. If he has any requests, they should be referred to the proper division for action. It is imperative, however, that his request be followed up prior to calling on him again to insure action was initiated. If results were obtained through the regular channels, the

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MARKETING
SPECIAL WORK PROJECT

0203 General Marketing Techniques and Special Work Project --
continued

Manpower Specialist should have a receptive audience on
the next visit.

0205 Initial Contact with Potential Employer. Following is a
standard form letter to be used for mailing to nonprofit
private and public employers for the purpose of soliciting
their participation in Special Work Project. Approximately
one week after mailing this letter, it should be followed
by direct contacts with individual employers.

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MARKETING
SPECIAL WORK PROJECT

0205 Initial Contact with Potential Employer -- continued

A. Sample Form Letter to Potential Employers:

Sept. 5, 1972

Dear Mr. Doe:

The Vermont Department of Employment Security is currently operating an Experimental and Demonstration Manpower Pilot Project in order to develop and test certain manpower operations. One goal of the program is to provide "Special Work" experience to low-income, unemployed individuals with families in order that these individuals may perform work in the public interest and simultaneously develop marketable job skills leading to nonsubsidized employment. The aim is to secure job "slots" among nonprofit employers for all eligible clients. The clients to be placed in such positions would be provided sufficient work experience to make them acceptable for entry-level positions in the general labor market. Among the conditions attached to the arrangements are:

1. Work to be done by clients is work not now being done.
2. Such work does not displace any present employee.
3. The work would be in the public interest.
4. The employer obligates himself to provide necessary helpful supervision.
5. When possible, the employer retains satisfactory trainees as permanent, nonsubsidized employees.

The time limit for the project is the end of the current fiscal year. The employer may be reimbursed between 60% and 100% of the hourly gross wage paid to the client depending upon the amount of supervision and assistance which the employer can provide. The employer will recapture a percentage of his salary expenditure by monthly billings to the Department of

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MARKETING
SPECIAL WORK PROJECT

0205 Initial Contact with Potential Employer -- continued

Employment Security. To the extent possible, it is hoped that trainees placed in "Special Work" positions will be able to move into a regular position with the training employer once the trainee has been brought to an employment level acceptable to the training employer.

In the near future, a Manpower Specialist from this department will be in contact with you, to ascertain the potential in your organization for "Special Work Slots". At that time, any questions that you may have can be answered by our representative.

Sincerely yours,

_____, Director
Vermont State
Employment Service

0207 A Checklist of Suggested Marketing Techniques for Promoting Special Work Training. Following are some of the advantages Special Work Project may have for an employer. One or several points may be used to answer the objectives of a specific employer and may be elaborated upon:

- A. Low-cost help during periods of budgetary stringency.
- B. A source of entry-level employees who can be trained to an employer's unique requirements for eventual retention.
- C. Increased productivity through expanded staff.
- D. Increased potential for experimentation with own new programs.
- E. Provide means to test and improve employer's supervisory staff training capability.
- F. Source of new employees for an organization with recruitment difficulties.

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MARKETING
SPECIAL WORK PROJECT

0207 A Checklist of Suggested Marketing Techniques for Promoting
Special Work Training -- continued

- G. Enables employer to make a positive contribution to alleviating "hard-core" unemployment.
- H. Assists the "hard-core" unemployed in becoming a self-sustaining member of society.
- I. Assists getting welfare clients off public assistance, thus decreasing the overall tax burden.
- J. Acquaints employer's staff with the multiple problems of the "hard-core" unemployed.
- K. Allows employers to participate in manpower experiment.
- L. Enables an employer to review his entry-level job requirements to determine if they are set too high.

Part III

0300-0399

Procedural Guide #3

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**ENROLLEE TIME CARDS AND
EMPLOYER'S MONTHLY INVOICES**

PROCEDURAL GUIDES FOR
ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS

Part III

0300

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Procedural Guide #3

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ENROLLEE TIME CARDS AND
EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure. Billing to the Department of Employment Security for Special Work is submitted monthly by the employer on the Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666. It is composed of the Enrollee Time Card and the Employer's Monthly Billing Invoice. The first of these documents the hours a trainee worked during the month. The second details the amount of wages paid to the Special Work trainee and the amount of reimbursement due to the employer.

A. Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666.

**VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE**

(1) Subcontractor _____ (2) Subcontract # _____
 (3) Address _____ (4) Invoice # _____
 (5) Subcontract Period: _____ (6) Period Covered by this Invoice:
 From: _____ To: _____ From: _____ To: _____
 (7) Name of Enrollee _____ (8) Social Security No. _____
 (9) Job Title _____ (10) Hourly Rate of Pay _____

(11)

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

(13) ENROLLEE'S SIGNATURE _____ (12) TOTAL HRS. WORKED _____
 (14) SUPERVISOR'S SIGNATURE _____ (15) DATE _____

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(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits %	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

 (22) AUTHORIZED SIGNATURE (Employer/Subcontractor) (23) TYPED NAME AND TITLE (24) DATE

 (25) INVOICE APPROVED (Manpower Specialist) (26) DATE (27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer



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ENROLLEE TIME CARDS AND
EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure -- continued

One original and three carbon copies of the form will be required for each Special Work trainee covered by the sub-contract. The employer retains one carbon copy for his files and sends the other two carbon copies and the original to the Manpower Specialist for his approval and signature. The Manpower Specialist retains one carbon copy for his files, and then sends the original and one carbon copy, both of which should bear original signatures, to the Central Office. The Central Office sends the carbon copy and the original to Fiscal Section for payment processing. Fiscal Section retains the carbon copy and sends the original to the State Finance Department.

The Manpower Specialist must explain to the Special Work employer the procedure for completing and submitting the E&D-666 form, since the procedure is primarily the employer's responsibility. For instructions in completing the E&D-666 form, see Section 0300 B.

B. Instructions for Completing the Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666. The E&D-666 form should be submitted monthly, the first submission being 30 days after the subcontract's starting date. The form should be completed in the following manner for each trainee covered by the subcontract:

1. Enter name of employer.
2. Enter subcontract number.
3. Enter the address of the employer (i.e., where the training is taking place).
4. Enter the invoice number (sequential billing periods). This should be the number starting with one (1) for the first billing period under the subcontract, a hyphen and a number for each enrollee (i.e., 1-1, 1-2, 1-3 etc.). The second billing period would be 2-1, 2-2, 2-3 etc.
5. Enter the beginning and ending dates of the subcontract.

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ENROLLEE TIME CARDS AND
EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure -- continued

6. Enter the beginning and ending dates of the billing period for which reimbursement is being requested.
7. Enter name of Special Work trainee occupying the slot covered by this form.
8. Enter trainee's Social Security Number.
9. Enter the job title and D.O.T. Code for the job slot covered by this form.
10. Enter the hourly pay rate for the job slot covered by this form.
11. Enter the month and day of scheduled work and the number of hours that the enrollee worked for each day. No remarks are necessary except in the "hours worked" block, where the following information for paid time off authorized by the subcontract, and the number of hours the time off represents must be entered:
 - a. Pd. Hol. = paid holidays
 - b. Pd. S.L. = paid sick leave
 - c. A.L. = paid annual leave
12. Enter the total number of hours the trainee worked during the billing period, including any authorized leave or holidays under the subcontract.
13. Trainee should enter his signature to indicate that he was paid for the dates and hours listed.
14. The supervisor should enter his signature to indicate that the trainee worked the dates and hours listed.
15. Enter the date signed by the supervisor.
16. Enter the hourly rate of pay (same as Item 10).

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ENROLLEE TIME CARDS AND
EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure -- continued

17. Enter the total number of hours worked including any authorized leave or holidays under the sub-contract (same as Item 12).
18. Enter the total earnings of the trainee in this billing period (Item 16 times Item 17).
19. Enter the percent of fringe benefits paid and the dollar amount of fringe benefits.
20. Enter the total amount of earnings (Item 18) and fringe benefits (Item 19).
21. Enter the percent of reimbursement authorized by the subcontract.
22. Each invoice should be signed by an authorized person from the employing organization.
23. Enter the name and address of the person authorized by the employing organization to sign this invoice.
24. Enter the date signed.
25. The Manpower Specialist for the E&D local office should sign approval of this invoice.
26. Enter the date of the Manpower Specialist's signature.
27. Enter the total amount of reimbursement due to the employer this billing period for this trainee (Item 20 times Item 21).

Part IV

0400-0499

Procedural Guide #4

9/30/73

**SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE**

PROCEDURAL GUIDES FOR
ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS

Part IV

0400-0403

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Procedural Guide #4

9/30/73

SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE

- 0400 Introduction. When a potential client is referred to the E&D Project, the Counselor must first determine his eligibility by checking certain criteria pertaining to income, employability and family size. Once a client has been determined eligible and a suitable candidate for Special Work training, he must be oriented to the program so that he is aware of the project's purpose, how the project operates, responsibilities of the enrollee and employer, and expected program outcomes. After initial orientation, the client is enrolled into a training job slot, and his entry is recorded by a Trainee Status Form. When he leaves the training job slot, the same form is used to record his departure. This Procedural Guide describes the procedure for determining Special Work Project eligibility, identifies the points that should be covered in a trainee's program orientation, and explains the function of the Trainee Status Form.
- 0403 Eligibility Determination. In order to determine the eligibility of a potential client, an Application Information Record Form MA-101 and an MA-101 Supplemental Form: Part C, must be completed about the applicant. These two forms and instructions for completing the second are listed below.
- A. Application Information Record, Form MA-101.

APPLICANT INFORMATION RECORD

1. CONTRACT IDENTIFICATION		2. FUNDING CODE		3. PROGRAM IDENTIFICATION	
a. State of training		a. CEP b. MDIA c. EQA d. Social Security e. Other (Specify)		01. MDIA-Institutional 03. MDIA-OJI 05. MDIA-Coupled 07. MDIA-Part-time 11. NYC-In school 13. NYC-Out of school 15. NYC-Summer	
b. State Code		B. Madel City		21. New Careers 23. Operation Mainstream 25. Orientation 27. Special Impact Other (Specify)	
c. Fiscal year approved		C. CWIP			
d. Can. Inact. No.		Other (Specify)			
4. MDTA INSTITUTIONAL SEC. NO.		5. WIN ONLY		6. LOCAL ES OFFICE NO.	
		1. ES 2. CAA 3. Other			
7a. NAME OF CONTRACTOR			7b. ADDRESS (Number, Street, City, State, and Zip Code)		
8a. OCCUPATIONAL GOAL (Name)			8b. DOT (9-digit)	9a. TARGET AREA (Name)	9b. CODE
10. START DATE (Mo, day, yr)		11a. NAME OF APPLICANT (Last, first, middle initial)		11b. PHONE NO.	11c. SOCIAL SECURITY NO.
12. ADDRESS (Number, Street, City, State, and Zip Code)			13. COUNTY OF RESIDENCE		14. CONGRESSIONAL DIST.
			a. Name		a. State Code b. District No.
15. DATE OF BIRTH (Mo. & yr)	16. SEX	17. HANDI. CAPPED	18. MILITARY SERVICE STATUS		19. MARITAL STATUS
	1. Male 2. Female	1. Yes 2. No	1. Veteran 2. Rejectee 3. Other non-vel		Discharge Date (Month, day, & year) 1. Never married 2. Married 3. Widow/Widower 4. Divorced/legally separated
20. PRIMARY WAGE EARNER	21. HEAD OF FAMILY OR HEAD OF HOUSEHOLD	22. NO. OF DEPENDENTS	23. CHECK ONE	24. IF SPANISH SURNAME, CHECK ONE	25. U. I. CLAIMANT
1. Yes 2. No	1. Yes 2. No	0. 4. 1. 5. 2. 6 and over 3. over	1. White 2. Negro 3. Amer. Indian 4. Oriental 5. Other	1. Mexican American 2. Puerto Rican 3. Other	1. Yes 2. No 3. Exhoushee
26. PUBLIC ASSIST. RECIPIENT	1. Yes 2. No	1. YES If out reverse side	27. HIGHEST SCHOOL GRADE COMPLETED		
1. Yes 2. No			28. PREVIOUS JOB TRAINING		
			1. Yes (if YES, complete the information below) 2. No		
			a. Job Title		
			b. DOT (6-digit) c. Date completed (Mo. & yr)		
29. PARTICIPATION IN OTHER FEDERAL PROGRAMS			9. None Participated in (check all relevant item).		
			a1. MDIA 2. NYC 4. Project Transition		
			b1. Operation Mainstream 2. Special Impact 4. Work Incentive		
			c1. Job Corps I 2. Job Corps II 4. Job Corps III d1. New Careers 2. Other		
30a. PRIMARY OCCUPATION TITLE (if any)		30b. DOT (9-digit)	31a. OCCUPATION TITLE OF LAST FULL-TIME CIVILIAN JOB		31b. DOT (6-digit)
32. YEARS OF GAINFUL EMPLOYMENT		33. ESTIMATED AVERAGE HOURLY EARNINGS ON LAST FULL-TIME CIVILIAN JOB		34. INCOME	
1. Under 1 year 2. 3-9 years 3. 1-2 years 4. 10 years and over				a. Applicant's estimated earnings last 12 months b. Estimated family income last 12 months c. Number in family d. Family below poverty level 1. Yes 2. No	
35. LABOR FORCE STATUS AT TIME INTERVIEWED (Check only one)		36. WEEKS UNEMPLOYED	37. REFERRED BY		38. DISADVANTAGED
11. Employed (not underemployed) 12. Underemployed 13. Unemployed 14. Family farm worker 21. Not in labor force - in school 22. Not in labor force - other		Last 12 Mos. (all appl. conts) Current spell (Unemployed only)	01. ES Outreach 02. NYC 03. Job Corps 04. Union 05. Employer 06. Self 07. Welfare		08. Other community group 11. Coop School Graduate 12. Coop School Dropout 21. Sel. Service Rehab. (Recruiting Station) 22. Sel. Service Rehab. (AFEES) 23. Sel. Service Rehab. (Local Board) 31. Other
1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	9. Not eligible Eligible for: 1. Regular 2. Augmented 3. Youth 4. Special NYC 5. Incentive 6. Part-time		1. Yes 2. No
39. REFERRAL TO TRAINING OR EMPLOYMENT			40. ELIGIBILITY FOR TRAINING ALLOWANCE		41. CHECK APPROPRIATE ITEM(S) IF ELIGIBLE FOR OTHER ALLOW.
a. Accepted referral to training or job b. Enrolled in training c. Placed in job			1. Yes 2. No		1. Subsistence 2. Transportation 3. Other
1. Yes 2. No			1. Yes 2. No		1. Yes 2. No
42. BARRIERS TO EMPLOYMENT			43. DATE OF INTERVIEW (Month, day, & year)		
9. None a1. Age - too young 2. Age - too old 4. Lacks education, training skill, experience, or has obsolete skill			b1. Health problem 2. Personal problem 4. Transportation problem		c1. Child care Problem 2. Care of other family member 4. Conviction record d1. Garnishment 2. Other

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SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE

0403 Eligibility Determination -- continued

B. MA-101 Supplemental Form: Part C

MA-101 SUPPLEMENTAL FORM: PART C*

1. Number of jobs applicant has held in past 12 months period_____.
Of these jobs, how many were left voluntarily_____.
2. Highest hourly wage earned on any job prior to SWP_____.
3. Hours worked per week on last job_____.
4. Household members other than applicant contributing to family income during the past 12 months. List each member contributing. (By family relationship, not name; that is, "wife," "husband," "son," etc.)

_____	_____
_____	_____
_____	_____

5. What are the actual number of years of gainful employment applicant has had_____.
6. Of these years, how many were for 6 months or less_____.
7. Question applicant: "With your qualifications, what do you feel would be a fair hourly wage for an employer to pay you_____.

*This MA-101 Supplemental Form: Part C is to be filled out for all Special Work enrollees whether they be W.I.N. or Non-W.I.N. It need not be completed for persons who are not enrolled in Special Work.

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SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE

0403 Eligibility Determination -- continued

C. Instructions for Completing the MA-101 Supplemental Form: Part C. The MA-101 Supplemental Form: Part C is filled out in the following manner:

1. Enter the total number of jobs the applicant has held in the past 12 months, and the number of these jobs which the applicant left voluntarily.
2. Enter the highest hourly wage the applicant ever received. This does not have to be within the past 12 months.
3. Enter the number of hours the applicant worked per week on his most recent job.
4. Enter each household member (except applicant) contributing to family income during the past 12 months.
5. Enter the total number of years the applicant has been gainfully employed. If he was employed for only part of a year, it should be considered a year.
6. Of the total number of years in Item 5, enter the number of years in which employment was six months or less.
7. Enter the applicant's conception of a fair hourly wage for himself.

From the information obtained by these two forms, it can be determined whether or not the applicant meets the Special Work eligibility criteria. A "SWP eligible" person must be a member of a low-income family with children. The maximum allowable income of a family who can be classified as low-income is:

FAMILY SIZE	MAXIMUM ALLOWABLE INCOME
2	3,120
3	3,720
4	4,320
5	4,920
6	5,370
7	5,820
8	6,120

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SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE

0403 Eligibility Determination -- continued

For the purpose of this very basic eligibility determination, "income" may be considered as income from any and all sources except welfare payments of any type.

Applicants considered for Special Work Project should also have one of several characteristics. They should either have had no recent work experience (although they may have rusty work skills that need brushing up) or if they were previously employed, unable to retain employment because of poor work attitudes and habits. An applicant may also be affected by current seasonal unemployment or temporary unemployment due to the general economic downturn or in holding status, awaiting MDTA or WIN skill training slots currently occupied to be considered for Special Work Project.

It is necessary to make one original and one copy of both the MA-101 and MA-101 Supplemental C forms. The originals are sent to the Central Office upon a client's entry into a job training slot, and are used by the Central Office clerk in data accumulation. They are then filed in the client's individual file folder. The copies are retained in the local office's Counselor's file.

0405 Special Work Orientation. Each trainee should receive individual orientation to the subject of Special Work. There should be at least one discussion with the client dealing specifically with the project in which the trainee is to be placed. The program orientation focuses on the purpose of the program, how it operates, responsibilities of the enrollee and employer, benefits and services provided for the enrollee, and expected program outcome.

Since each case is unique, the orienter (usually a Coach or a Counselor) must be flexible in deciding when, where and how the orientation should take place. In many instances, there is need for more than one orientation session. At times, it is advantageous to continue individual orientation on-site with a trainee in order that a detailed discussion of his particular job slot can be held. In all cases, the orienter should be constantly aware of the

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SPECIAL WORK ELIGIBILITY,
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0405 Special Work Orientation -- continued

client's needs, and those needs should determine the course of orientation.

Before a trainee actually reports to his Special Work job, he should be verbally provided with the following minimum amount of basic information:

- A. What is Special Work?
- B. Why is the trainee being directed to the Special Work job?
- C. How long will the Special Work job last?
- D. Is there the possibility that the Special Work job might be permanent?
- E. If the Special Work job is not to be permanent, what will be the possibility of employment after the completion of training?
- F. Who is the Special Work trainee responsible to -- the E&D unit or the employer?
- G. What will the trainee's relationship with the local E&D unit be?
- H. When and how much will the trainee be paid?
- I. Will Special Work training lead to a salary increase upon completion of training?
- J. Are there any fringe benefits?
- K. Can the employer fire the Special Work trainee?
- L. What should the trainee do if problems develop in the course of his Special Work job?
- M. Who should the trainee turn to if non-work problems arise?

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0405 Special Work Orientation -- continued

- N. How will the trainee arrange for child care, if such is necessary?
- O. What can be done if the Special Work trainee lacks an article of clothing or piece of equipment essential to his Special Work job?
- P. What can be done for the trainee who does not have his own transportation?
- Q. Can the Trainee expect any supportive counseling from E&D during the course of his Special Work employment?
- R. Are there any other support services from which the trainee can benefit?

It must neither be assumed that the trainee understands this information without being told, nor that someone else has provided such information. One person, either the Counselor or the Coach, should be assigned to review this basic information with each individual Special Work client.

0407 Trainee Status Form. The Trainee Status Form is designed to record the entry into or departure from a Special Work training slot. Therefore, if a client has enrolled in four Special Work training experiences, there would be a total of eight Trainee Status Forms completed on him. It is necessary to have one original and three copies of each Trainee Status Form. In the Trainee Status Form, "termination" means leaving the job training experience at any point, either before or on the scheduled training completion date. For purposes of data accumulation, (see Part VII) "terminating" is defined as leaving the job training experience before the scheduled training completion date, and "completing" is defined as leaving the job training experience on the scheduled training completion date.

Following is the form, the information it supplies (which is filled in by a Manpower Specialist) and its distribution procedure:

A. Trainee Status Form.

TRAINEE STATUS & D PROJECT

Name of Trainee	Social Security No.
Address	

Trainee will Begin, Terminate, training as Occupational Title

in the: Special Work Contract No.

Upgrading Contract No.

Enrichment Training

at Nature

Name of Organization

located at on Date

Address

Hourly Pay Rate \$ Estimated Monthly Earnings \$

FOR TERMINATIONS, COMPLETE BELOW

As of Date this trainee should be classified as terminated because:

- | | |
|--|---|
| <input type="checkbox"/> 1. Placed in Employment
<input type="checkbox"/> With Special Works Employer
<input type="checkbox"/> In Other Employment
<input type="checkbox"/> Upgraded:
Job Title
DOT Code
Hours per week
Hourly Wage
Employer | <input type="checkbox"/> 6. Transportation Problem
<input type="checkbox"/> 7. Cannot Locate
<input type="checkbox"/> 8. Full-Time Schooling
<input type="checkbox"/> 9. Found Own Employment
<input type="checkbox"/> 10. Institutionalized
<input type="checkbox"/> 11. Returned to Welfare
<input type="checkbox"/> 12. Deceased
<input type="checkbox"/> 13. Moved From Area
<input type="checkbox"/> 14. Returned to WIN |
| <input type="checkbox"/> 2. Discharged by Employer
<input type="checkbox"/> 3. Refused to Continue
<input type="checkbox"/> 4. Health Reasons
<input type="checkbox"/> 5. Pregnancy | <input type="checkbox"/> 15. Transferred to Other Program
<input type="checkbox"/> 16. Other (specify)
.....
..... |

Distribution: 1 copy to Employer
 3 copies to Central Office E & D Unit
 1 copy to E & D Local Office

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0407 Trainee Status Form -- continued

B. Information Supplied by the Trainee Status Form.

1. Who is being, or has been, trained: name of trainee, his address, Social Security Number and Occupational Title.
2. Whether the trainee is beginning or terminating training.
3. The employing organization's name, address and Special Work subcontract number.
4. Date when training begins or ends.
5. Client's pay rate during training.
6. If the trainee is terminating, the reason for terminating.

C. Distribution Procedure of the Trainee Status Form.

1. The original and one copy are sent to the Central Office. The Central Office sends the original to Fiscal Section for payroll encumbrance and uses the copy to provide information for the data matrices. The copy is then filed in the client's individual file folder.
2. One copy is sent to the employer.
3. One copy is kept in the file in the local office.

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SPECIAL WORK
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0500 Introduction. In Special Work Project, there are two types of funds which can be used by the E&D field staff to purchase articles and services for clients when no other resource is available. These two funds provide Training Related Expenses and Enrichment Training.

"Training Related Expenses" are defined as "Expenses incurred in providing necessary goods or services required if a trainee is to be able to participate in Special Work training when such required goods or services cannot be obtained through normal means such as provisions by Social Welfare, Vocational Rehabilitation, Employment Service or other established means, including volunteer provisions of such goods or services".

"Enrichment Training" in the context of E&D Special Work involves two approaches to dealing with trainee deficiencies in basic education skills and job related skills. The former places emphasis on remedial instruction in the "3R's" which will assist trainees to speak, read and write with sufficient ability in these areas to function competently in the performance of their employment duties. The latter stresses training which develops employment skills; its goal should be to provide increased competence in the specific skills involved in performing training jobs so as to increase chances that trainees will be permanently retained in such jobs. Enrichment Training funds should be utilized only when the required training cannot be obtained locally through other funding resources.

0503 Obtainment of Training Related Funds and Billing Procedure. The Central Office will give careful consideration to every request for approval of Training Related Expense (TRE) no matter how out of the ordinary the requested expenditure might be. The purchases of automobiles, furniture or office equipment will not be permitted, although rental of such items will be considered. If items or services such as dental correction, hearing aids or eyeglasses cannot be obtained through existing channels from cooperating agencies and organizations, they will be considered.

Training Related Expenses are limited to \$500.00 per slot.

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0503 Obtainment of Training Related Funds and Billing Procedure -- continued

Any transaction concerning Training Related Expenses must be handled by the local unit staff. No trainee is permitted to secure estimates, contract for goods or services or purchase goods or services. If a trainee should take any of the preceding steps, he will bear the full and sole responsibility for such obligations. It is of utmost importance that local unit staff members convey this information to all E&D trainees.

The Employment Service local office Manager is the person to recommend that the expenditure of Training Related Funds is essential in order for a trainee to enter into or continue Special Work training. When one Request for Approval of Training Related Expenses Form (TRE form) is used to cover expenses for more than one trainee, the Central Office must be provided with a breakdown which shows the cost per item and the precise dollar amount to be spent for each trainee. When completing the form, the statement in the Justification of Need for Purchase section should always be precise and should include any detail which clearly shows the trainee's need for this support from E&D Training Related Funds. Subsequent to the following TRE form are two basic procedures which cover Training Related Expenses.

A. Request for Approval of Training Related Expenses Form.

REQUEST FOR APPROVAL OF TRAINING RELATED EXPENSES

FROM: Local Office Unit, _____ Date _____

Location

TO: Central Office, Montpelier

E.S. LOCAL OFFICE MANAGER: Check and sign your name after the appropriate statement below.

The following items and/or services costing less than \$19.99 have been purchased as essential training related needs for the trainee(s) listed below. An itemized bill for each trainee is attached hereto.

Manager's Signature

The following items and/or services costing more than \$19.99 are recommended as essential training related needs for the trainee(s) listed below. I shall await Central Office approval before purchasing them.

Manager's signature

Because of a very urgent need, the following items and/or services costing less than \$19.99 have been purchased and paid for as essential training related needs by _____,

Name Title

who will claim reimbursement on Form DA-F-6A "Expense Account" submittal. Form TRE-E&D is submitted to record this transaction for statistical purposes.

Manager's Signature

TRAINEE'S NAME	DESCRIPTION AND QUANTITY OF ITEM(S)	COST PER ITEM(S)	TOTAL COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SUBCONTRACTOR	SUBCONTRACT NUMBER	\$ GRAND TOTAL	

JUSTIFICATION OF NEED FOR PURCHASE(S): _____

ATTACHMENTS: (Bills, Estimates; must bear Local Office Manager's signature to show his approval.) _____

- Distribution: (a) Original and two copies of this form to the D.E.S., Central Office, "attention E&D"
- (b) One copy for Local Office File.

THE STATEMENT BELOW IS TO BE COMPLETED BY CENTRAL OFFICE ONLY
 The above request for expenditure of training related funds in the amount of _____ is approved/disapproved, _____ if approved, please make purchase described
 Cross out inappropriate word
 above and return this form with the bill as described in the distribution above.
 Date _____ Signed, Director, Employment Service _____



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0503 Obtainment of Training Related Funds and Billing Procedure-- continued

B. For Purchase of Goods or Services Valued at \$19.99 or less. The local office Manager, Manpower Specialist, Counselor or Coach should telephone or personally contact a local retailer requesting that the retailer provide the good or service to the trainee and that the amount of the purchase be charged to the Department of Employment Security, State of Vermont. The bill should be sent to the local office. The E.S. local office Manager should add the following information to the bill:

1. Subcontractor's name
2. Subcontractor's number
3. Trainee's name
4. A notation by the local office manager in the following format:

"I approve this bill for payment; described merchandise has been received."

E.S. Manager

Date

The E.S. local office Manager must submit the bill along with one original and three copies of the TRE form to the Director of Employment Service (not to the Fiscal Section). It is important that all bills go through the local office. Retailers may not submit bills directly to the Central Office.

If a trainee's need is very urgent and the item or service costing less than \$20.00 cannot be charged, the E.S. local office Manager, Manpower Specialist, Counselor or Coach may pay directly for the expenditure with

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0503 Obtainment of Training Related Funds and Billing Procedure -- continued

his own money. He should collect a receipt, record the trainee's name and subcontractor's name and number, and obtain the local E.S. office Manager's signature of approval. He should then submit the receipt as an additional expense on the regular Department of Employment Security Expense Account form, attaching the original and three copies of the TRE form which should be approved and signed by the local office Manager.

- C. For Purchase of Goods or Services Costing More Than \$19.99. For goods or services which are to cost in excess of \$19.99, the Employment Service local office manager must submit the TRE form (plus three copies) requesting the approval of the Employment Service Director for the proposed expenditure. Until the local office anager receives approval from the Central Office, no goods or services may be contracted for or purchased.

When the contemplated expenditure involves automobile repairs costing more than \$19.99, a minimum of two itemized estimates covering cost of parts and labor must be attached to the TRE form and presented to the Central Office for approval. The hourly charge for labor must be broken down. Such estimates must be from reputable concerns and must be submitted on the repair facility's letterhead or billhead. Any amount in excess of ten percent of the original estimate will not be reimbursed. Estimates should be clearly marked "ESTIMATE" to distinguish them from bills. Only the originals of the estimates must be submitted with the original plus three copies of the actual TRE Form. Additionally, the local office should make an extra copy of all documents for its own file.

Upon being approved and signed by the Director of Employment Service, a copy of the TRE form will be returned to the Manager of the originating local office. The manager may then purchase, or delegate a staff member to purchase, the training related item or service requested. As previously stated, trainees are not

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allowed to make the purchase. As soon as the purchase has been made, the local office manager must resubmit the copy of the approved TRE form to the Central Office with the accompanying bill endorsed as described below:

1. Subcontractor's name
2. Subcontractor's number
3. Trainee's name
4. A notation by the local office manager in the following format:

"I approve this bill for payment; described merchandise has been received."

E. S. Manager

Date

There is one exception to the two basic procedures described above. If the Training Related Expense request is for the purchase of automobile tires or batteries, they must be purchased from vendors with whom the State of Vermont has negotiated blanket contracts. In such cases, the TRE request should be submitted with delivery instructions to the E&D Central Office where the actual placement of the order will be effected.

0503 Obtainment of Enrichment Training and Billing Procedure. When an E.S. local office Manager desires to request expenditure of Enrichment Training funds on behalf of a Special Work enrollee, he should use the "ENRICH. - E&D" -- Request for Approval of Enrichment Training Form. The information it details follows the form below.

A. ENRICH - E&D -- Request for Approval of Enrichment Training Form.

REQUEST FOR APPROVAL OF ENRICHMENT TRAINING

FROM: Local Office Unit: _____ **DATE:** _____

TO: E.S. Director

The Enrichment Training proposed below has a direct relationship to the Employability Plan drawn up for the EAD Special Work trainee. The following narrative is submitted as substantiation of the proposed Enrichment Training as an essential part of the trainee's Employability Plan: (Please specify type of training requested and the reason for the training)

Manager's Signature: _____

NAME OF TRAINEE: _____

NAME OF SUBCONTRACTOR AND SUBCONTRACT NUMBER: _____

NAME OF INDIVIDUAL REPRESENTING TRAINING FACILITY: _____

BEGINNING DATE: _____ **ENDING DATE:** _____

HRS. PER WEEK: _____ **TOTAL NO. OF HOURS:** _____

COST OF TRAINING:

-Cost of Course	_____
-Registration Fee	_____
-Textbooks	_____
-Other	_____
TOTAL COST	\$ _____

THE STATEMENT BELOW IS TO BE COMPLETED BY CENTRAL OFFICE ONLY:

The above request for the expenditure of Enrichment Training funds in the amount of \$ _____ is approved/disapproved.

DATE: _____ **SIGNED:** _____
Director, Employment Service

- original & 2 copies to central office
- 1 copy for local office file

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B. Detailed Information of the ENRICH - E&D Form.

1. Type of training requested;
2. Reason for the training;
3. Name of the trainee to receive such training;
4. Estimated cost of training;
5. Facility where such training can be obtained (or request Central Office assistance in locating a training facility);
6. Starting and termination dates;
7. Subcontract number under which the trainee is enrolled in Special Work.

He should send one original and two copies to the Central Office and keep one copy for the local office files. Upon receipt of the ENRICH - E&D Form, the E.S. Director will approve or disapprove the request. A copy of the form stating approval or disapproval will be returned to the originating local office.

The complete billing procedure to pay for Enrichment Training consists of an exchange of letters between the local office Manager and a representative of the facility or organization that will provide the training.

Once the request of the local office Manager for expenditure of Enrichment Training funds has been approved by the E.S. Director, he transmits the following letter to the training facility.

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continued

C. Sample Letter to the Training Facility

September 10, 1971

Mr. Joe Doaks
Registrar Evening Programs
XYZ Technical School
Barre, Vermont 05641

Dear Mr. Doaks:

This is to confirm our previous telephone conversation regarding enrollment of two of our Special Work trainees, John Jones (Subcontract #SW16-067) and James Smith (Subcontract #SW16-051) in Elementary Drafting 007 for the fall term, 1971. I understand that the cost for the course will be as follows: books - \$10.00; tuition - \$25.00; fees - \$15.00; for a total cost of \$50.00 per trainee or for both trainees, \$100.00.

In your letter of acceptance of our two trainees, please state full particulars concerning the duration of training, weekly schedule of classes, total costs of training for each trainee, including tuition, fees, books, and equipment, and a description of the training to be provided. Additionally, payment by the State of Vermont will be expedited by prompt submission of billing (in duplicate) to this office.

Sincerely yours,

_____, Manager
Morrisville E&D
Unit

The above letter should request provision of specific training to specific trainees and ask that the training facility respond to him by the letter below, providing the subsequent information.

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continued

D. Sample Letter to the Employment Security Local Office
Manager.

September 30, 1971

Mr. _____
Manager, E&D Unit
P.O. Box 426
Morrisville, Vermont 05661

Dear Mr. _____:

Thank you for your letter of September 10, 1971 regarding enrollment of your Special Work trainees, John Jones (Subcontract #SW16-067) and James Smith (Subcontract #SW16-051), in our evening program.

Elementary Drafting 007 begins September 13, 1971 and ends January 19, 1972. This course meets twice weekly, on Monday and Wednesday, 7 P.m. to 8:30 p.m. The costs per person are as follows:

Tuition	\$25.00
Registration fee	10.00
Required Text and Workbook	10.00
Refundable deposit on Equipment	5.00
Total	<u>\$50.00</u>

Thus, the total costs for two students would be \$100.00.

The Elementary Drafting course covers the essentials of this subject for beginners. Page 8 of the enclosed bulletin details the course description.

Sincerely yours,

Joe Doaks, Registrar
XYZ Technical School

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E. Information Provided in the Above Letter.

1. Starting date, starting time, weekly training schedule, and duration of the requested training.
2. Total cost of such training, including tuition, fees, books, and other required costs.
3. A description of the content of the training to be provided.
4. The name(s) of the trainee(s) to be enrolled.
5. The subcontract number(s) under which the trainee(s) are enrolled in Special Work.

As soon as the E.S. local office Manager receives this letter from the training facility, and if the cost of training does not exceed by more than ten percent the estimated cost of the training stated in the initial memo to the E.S. Director requesting approval of contemplated Enrichment Training, the local office manager may make arrangements for the enrollment of the trainee.

In order for the training facility to receive payment for the training provided, the E.S. local office should forward to the Central Office, "Attention E&D", copies of the above two letters and the billing in duplicate from the training facility or organization.

For both general recording purposes and fiscal processing, three copies of the local office Manager's letter to the training institution must be submitted to the E&D Central Office. The letter of response from the training institution must be submitted in original to the E&D Central Office.

All Enrichment Training agreements which entail more than three (3) days of Enrichment Training will have to be made by a contractual procedure if the intended

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instructor is a private person not connected to a school or similar training facility. If the E.S. local office Manager intends to submit a request for approval of Enrichment Training lasting more than three days and if he is unable to identify a facility, school or institution which can provide such training, he must contact the E&D Central Office unit before submitting such a proposal. He requests either assistance in identifying a facility, school or institution that might provide such training, or assistance in securing a contract for a qualified individual instructor to provide such instruction on a personal basis.

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**SWP CLIENT FOLLOW-UP
AND FOLLOW-THROUGH**

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SWP CLIENT FOLLOW-UP
AND FOLLOW-THROUGH

0600 Introduction. Client Follow-up and Follow-through are procedures used by the E&D employability team to trace Special Work client activity while in training (Follow-up) and at 30, 90, and 180 days after training (Follow-through). Follow-through procedures are carried out regardless of the client's termination status.

In-training Follow-ups and post-training Follow-throughs are conducted periodically on all clients to obtain documented information on the progress of each client. They also provide the Coach and Manpower Specialist with information to determine whether the client is in need of any services for which E&D can give assistance.

0603 In-Training Follow-Up for Special Work Enrollees. Follow-up procedure requires that the E&D Coach or Manpower Specialist visit both the client and the Special Work Project worksite supervisor after the first two weeks of training; thereafter at three months and six months. At each visit the Follow-up information is recorded on the form and a copy sent to the local office. The Central Office enters the information obtained through the In-Training Follow-Up for Special Work Enrollees, Form ES-805 onto a Primary Special Work Data Matrix for the purpose of data accumulation.

A. In-Training Follow-Up for Special Work Enrollees, Form ES-805.

IN-TRAINING FOLLOW-UP FOR SPECIAL WORK ENROLLEES

THIS FORM IS TO BE COMPLETED BY A COACH OR MANPOWER SPECIALIST 2 WEEKS AFTER A SW CLIENT HAS BEGUN TRAINING; THEREAFTER AT 3 MONTHS AND 6 MONTHS. AFTER EACH VISIT, A COPY OF THE IN-TRAINING FOLLOW-UP FORM IS TO BE SENT TO THE E&D CENTRAL UNIT, AND A RECORD IS TO BE KEPT AT THE LOCAL OFFICE OF EACH VISIT.

NAME OF CLIENT: _____ NAME OF SUBCONTRACTOR: _____

JOB TITLE: _____ SUBCONTRACT NO.: _____

DOT CODE: _____ NAME OF SUPERVISOR: _____

NAME OF COACH (OR MANPOWER SPECIALIST): _____

DATE OF VISIT (WRITE IN APPROPRIATE BOX): **END OF 1 or 2 WEEKS** **END OF 3 MONTHS** **END OF 6 MONTHS**

I. SUPERVISOR INTERVIEW (DISCUSS WITH THE WORKSITE SUPERVISOR QUESTIONS SUCH AS THE FOLLOWING):

a.) SUPERVISOR'S ASSESSMENT OF CLIENT'S PROGRESS IN TERMS OF PUNCTUALITY ATTENDANCE, RELATIONSHIPS ON THE JOB, MOTIVATION, QUALITY OF WORK, ATTITUDE AND SELF-CONFIDENCE

III. E&D COMMENTS

a.) HAVE ANY PLANS BEEN MADE TO RESOLVE CLIENT'S PROBLEMS OR SERVICE NEEDS? WHAT ARE THEY?

b.) SUPERVISOR'S PERCEPTION OF CLIENT'S PROBLEMS, IF ANY

II. CLIENT INTERVIEW (DISCUSS WITH CLIENT THE FOLLOWING):

a.) CLIENT'S SATISFACTION OR DISSATISFACTION WITH JOB AND TRAINING

b.) WHAT IS COACH'S OR MANPOWER SPECIALIST'S ASSESSMENT OF CLIENT'S PROGRESS, HIS JOB SATISFACTION?

b.) DOES CLIENT HAVE SERVICE NEEDS OR PROBLEMS WITH WHICH E&D CAN ASSIST? WHAT?

c. WHAT SUPPORT SERVICES IS CLIENT PRESENTLY RECEIVING?

d. WHAT IS THE TYPE AND AMOUNT OF WELFARE BENEFITS CLIENT IS RECEIVING AT THIS TIME?

USE OTHER SIDE FOR FURTHER COMMENTS

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SWP CLIENT FOLLOW-UP
AND FOLLOW-THROUGH

0605 Post-Training Follow-Through for SWP Clients. Follow-through requires that an E&D employability team member contact clients 30, 90, and 180 days after leaving Special Work program, to assess each client's success. After each contact, information is recorded on the Post-Training Follow-Through for SWP Clients, Form ES-807. This form is sent to the E&D Central Office and a copy is retained by the local office. The Central Office enters the information obtained through the ensuing Post-Training Follow-Through for SWP Clients Form onto a Special Work Follow-Through Matrix, again for the purpose of data accumulation.

A. Post-Training Follow-Through for SWP Clients, Form ES-807.

POST-TRAINING FOLLOW-THROUGH FOR SWP CLIENTS

When a SW enrollee leaves the program (either terminates or completes), an E&D STAT form reporting the client's termination is sent to the central E&D unit. If the client was placed in permanent employment, this information is recorded on the STAT form. Thereafter 30, 90 and 180 day follow-through contacts from the date of termination are to be made on all project leavers. A copy of the follow-through form for each visit is to be sent to the central E&D unit. It is the responsibility of the local E&D staff to maintain a "tickler" file noting when each contact is to be made.

CHECK BOX: [] [] Day Follow Through
 30 90 180

DATE OF CONTACT: _____
 NAME OF STAFF MEMBER: _____

NAME OF CLIENT: _____

CLIENT ACTIVITY AT THIS TIME:

ADDRESS: _____

--unemployed, not in labor force

--unemployed, looking for work

--employed with SWP employer

--employed with other employer

--in other training

 --name of training program _____

TELEPHONE NO: _____

 --type of job for which training

DATE TERMINATED FROM SWP: _____

 is being given _____

I. CLIENT INFORMATION

A. Amount and type of welfare client is presently receiving: _____

B. Support services client is presently receiving: _____

C. If client is presently unemployed, what are reasons: _____

D. If client has left previous job, what was reason for leaving: _____

E. If client is presently employed:

Name of employer: _____ Date client began job: _____

Client's job title: _____ Employer SIC: _____

Hourly wage rate _____ Client's DOT: _____

Hours worked per week: _____

	YES	NO
Is client satisfied with wages	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfied with job duties	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfied with supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfied with job location	<input type="checkbox"/>	<input type="checkbox"/>

F. Does client have any problems, or service needs for which E&D can help? What?



II. EMPLOYER INFORMATION: If client is employed with his SW employer, contact the employer:

A. Is employer generally satisfied with client: _____

B. Does employer perceive any problems with client for which E&D can help?

III. COACH'S OR MANPOWER SPECIALIST'S COMMENTS (are any arrangements being made to give client any support services): _____

Part VII

0700-0799

Procedural Guide #7

9/30/73

**COLLECTION AND USE
OF SWP DATA**

**PROCEDURAL GUIDES FOR
ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS**

**Part VII
0700-0799**

Procedural Guide #7

**0700-0703
9/30/73**

**COLLECTION AND USE
OF SWP DATA**

- 0700** Introduction. During the third fiscal year, the primary focus of the Vermont E&D Project has been on the documentation and analysis of the three years of the project's operational experience, and on the preparation of a series of special studies and monographs which should assist in the design, implementation and operation of future manpower public service employment programs. In order to make the documentation and analysis possible, the Vermont E&D Project established a system of data collection, processing and storage which would accurately reflect the operational experience of the project and would provide easy data accessibility for both E&D staff members and those consultants outside the Department of Employment Security who have cooperated in the development of the project monographs and reports. This Procedural Guide is an explanation of the collection and utilization of the data involved with this project.
- 0703** Data Collection. Information about the client is initially collected by local office personnel (Counselors and Coaches) through the medium of a series of forms. The filling out of these forms must be carried out thoroughly and accurately, for incomplete or faulty information will break down the entire data system. Upon completion, the forms are supplied to the Central Office Staff, which is responsible for the maintenance of the data. The forms that are used for data collection are:
- A. Application Information Record, Form MA-101. This form is to be filled out for each new enrollee entering his first, and only his first, Special Work training slot.

1. CONTRACT IDENTIFICATION			2. FUNDING CODE			3. PROGRAM IDENTIFICATION		
a. State of Training			a. CEP A -- CEP B -- Model City C -- CWIP -- Other (Specify)			b. MDTA A -- MDTA B -- EQA C -- Social Security -- Other (Specify)		
b. State Code			c. Fiscal year approved			01 -- MDTA-Institutional 03 -- MDTA-OJI 05 -- MDTA-Coupled 07 -- MDTA-Part-time 11 -- NYC-In school 13 -- NYC-Out of school 15 -- NYC-Summer		
d. Contract No.			(Prefix) (Prime) (Sub)			21 -- New Careers 23 -- Operation Mainstream 25 -- Orientation 27 -- Special Impact -- Other (Specify)		
4. MDTA INSTITUTIONAL SEC. NO.			5. WIN ONLY 1 -- ES 2 -- CAA 3 -- Other			6. LOCAL ES OFFICE NO.		
7a. NAME OF CONTRACTOR						7b. ADDRESS (Number, Street, City, State, and Zip Code)		
8a. OCCUPATIONAL GOAL (Name)						8b. DOT (9-digit)	9a. TARGET AREA (Name)	9b. CODE
10. START DATE (Mo., day, yr)			11a. NAME OF APPLICANT (Last, first, middle initial)			11b. PHONE NO.	11c. SOCIAL SECURITY NO.	
12. ADDRESS (Number, Street, City, State, and Zip Code)					13. COUNTY OF RESIDENCE a. Name	b. Code	14. CONGRESSIONAL DIST. a. State Code b. District No.	
15. DATE OF BIRTH (Mo. & yr)	16. SEX 1 -- Male 2 -- Female	17. HANDI- CAPPED 1 -- Yes 2 -- No	18. MILITARY SERVICE STATUS 1 -- Veteran 2 -- Rejectee 3 -- Other non-vet Discharge Date (Month, day, & year)			19. MARITAL STATUS 1 -- Never married 2 -- Married 3 -- Widow / Widower 4 -- Divorced / legally separated		
20. PRIMARY WAGE EARNER 1 -- Yes 2 -- No	21. HEAD OF FAMILY OR HEAD OF HOUSEHOLD 1 -- Yes 2 -- No	22. NO. OF DEPENDENTS 0 -- 4 -- 1 -- 5 -- 2 -- 6 and over 3 --	23. CHECK ONE 1 -- White 2 -- Negro 3 -- Amer. Indian 4 -- Oriental 5 -- Other	24. IF SPANISH SURNAME, CHECK ONE 1 -- Mexican American 2 -- Puerto Rican 3 -- Other	25. U. I. CLAIMANT 1 -- Yes 2 -- No 3 -- Exhausted	26. PUBLIC ASSIST. RECIPIENT 1 -- Yes 2 -- No IF YES, list on reverse side		
27. HIGHEST SCHOOL GRADE COMPLETED		28. PREVIOUS JOB TRAINING 1 -- Yes (4 YES, complete the information below) 2 -- No a. Job Title b. DOI (6-digit) c. Date completed (Mo. & yr)			29. PARTICIPATION IN OTHER FEDERAL PROGRAMS 9 -- None Participated in (check all relevant items): a1 -- MDTA 2 -- NYC 4 -- Project Transition b1 -- Operation Mainstream 2 -- Special Impact 4 -- Work Incentive c1 -- Job Corps I 2 -- Job Corps II 4 -- Job Corps III d1 -- New Careers 2 -- Other			
30a. PRIMARY OCCUPATION TITLE (if any)			30b. DOT (9-digit)	31a. OCCUPATION TITLE OF LAST FULL-TIME CIVILIAN JOB		31b. DOT (6-digit)		
32. YEARS OF GAINFUL EMPLOYMENT 1 -- Under 1 year 3 -- 3-9 years 2 -- 1-2 years 4 -- 10 years and over		33. ESTIMATED AVERAGE HOURLY EARNINGS ON LAST FULL-TIME CIVILIAN JOB \$ _____		34. INCOME a. Applicant's estimated earnings last 12 months \$ _____ b. Estimated family income last 12 months \$ _____ c. Number in family _____ d. Family below poverty level 1 -- Yes 2 -- No				
35. LABOR FORCE STATUS AT TIME INTERVIEWED (Check only one) 11 -- Employed (not underemployed) 12 -- Underemployed 13 -- Unemployed 14 -- Family farm worker 21 -- Not in labor force - in school 22 -- Not in labor force - other		36. WEEKS UNEMPLOYED --- Last 12 Mos. (of applicants) --- Current spell (Unemployed only)	37. REFERRED BY 01 -- ES Outreach 02 -- NYC 03 -- Job Corps 04 -- Union 05 -- Employer 06 -- Self 07 -- Welfare 08 -- Other community group 11 -- Coop School Graduate 12 -- Coop School Dropout 21 -- Sel. Service Rehab. (Recruiting Station) 22 -- Sel. Service Rehab. (AFESJ) 23 -- Sel. Service Rehab. (Local Board) 31 -- Other			38. DISADVANTAGED 1 -- Yes 2 -- No		
39. REFERRAL TO TRAINING OR EMPLOYMENT a. Accepted referral to training or job b. Enrolled in training c. Placed in job 1 -- Yes 2 -- No 1 -- Yes 2 -- No 1 -- Yes 2 -- No			40. ELIGIBILITY FOR TRAINING ALLOWANCE 9 -- Not eligible Eligible for: 1 -- Regular 2 -- Augmented 3 -- Youth 4 -- Special NYC 5 -- Incentive 6 -- Part-time		41. CHECK APPROPRIATE ITEM(S) IF ELIGIBLE FOR OTHER ALLOW. 1 -- Subsistence 2 -- Transportation 3 -- Other			
42. BARRIERS TO EMPLOYMENT a1 -- Age - too young 2 -- Age - too old 4 -- Lack education, training skill, experience, or has obsolete skill 9 -- None 51 -- Health problem 2 -- Personal problem 4 -- Transportation problem c1 -- Child care problem 2 -- Care of other family member 4 -- Conviction record d1 -- Garnishment 2 -- Other		43. DATE OF INTERVIEW (Month, day, & year)						



APPLICANT INFORMATION RECORD SUPPLEMENT

PART A - ALL PUBLIC ASSISTANCE RECIPIENTS

1. FINANCIAL AID RECEIVED
 1 -- APID 5 -- General Assistance
 2 -- AFDC 6 -- AFDC and General Assistance
 3 -- OAA 9 -- Other
 4 -- AABD

2. RESIDES IN PUBLIC HOUSING 1 -- Yes 2 -- No

3. PARTICIPATED IN CWT AND /OR TITLE V
 1 -- CWT 3 -- Both CWT and Title V
 2 -- Title V 4 -- Neither

4. NUMBER OF DEPENDENTS BY AGE AND ARRANGEMENT MADE FOR THEIR CARE

	1. Under 6 Yrs.	2. 6-15 Yrs.	3. 16-21 Yrs.	4. 22-64 Yrs.	5. 65 yrs. & over
a. Number of dependent					
b. Number for whom care is needed					

5. FOR YOUTH ONLY - APPLICANT LIVES WITH
 1 -- Both parents 3 -- Mother 5 -- Other
 2 -- Father 4 -- Guardian

PART B - WIN APPLICANTS ONLY

6. REFERRAL CATEGORY

7. AMOUNT OF WELFARE CASH ASSISTANCE TO FAMILY FOR MONTH PRIOR TO REFERRAL 1. -----

8. OTHER FAMILY MEMBER ALREADY IN WIN 1 -- Yes 2 -- No

9. SEASONAL AGRICULTURAL WORKER APPROVED FOR AFDC IN LAST 3 YEARS 1 -- Yes 2 -- No

10. LENGTH OF TIME ON AFDC

a. Total time during last five years	Years	Months
b. Consecutive time since most recent approval of AFDC	Years	Months

11. COMMENTS

SIGNATURE OF INTERVIEWER _____

TITLE _____ DATE _____

PART C - SERVICES PROVIDED

1. EMPLOYABILITY PLAN INVOLVES (Check one or more kinds of assistance needed)

<input type="checkbox"/> a. Counseling	<input type="checkbox"/> e. Health	<input type="checkbox"/> h. Welfare
<input type="checkbox"/> b. Orientation	<input type="checkbox"/> f. Rehabilitation	<input type="checkbox"/> i. Other
<input type="checkbox"/> c. Training		
<input type="checkbox"/> d. Relocation		

Supportive Service: g. Health h. Welfare

2. FAMILY INCOME GROUP a. Farm b. Non-farm

3. PARTICIPANT OF PROJECT 100,000 (As specified on Form VES-1)
 a. Yes b. No

4. SERVICES PROVIDED

TYPE OF SERVICE	DATE
a. COUNSELING INTERVIEWS	
b. COUNSELING SESSIONS	
c. GUIDANCE SESSIONS	
d. JOB DEVELOPMENT CONTACT	
e. PLACEMENT IN JOB 3-DAYS OR LESS	

f. PLACEMENT IN REGULAR JOB	OOI CODE (6 digit)	SIC (2 digit)

g. APPLICANT EMPLOYER INTERVIEW

h. SPECIAL PLACEMENT

i. REFERRED TO SUPPORTIVE SERVICE	(1) HEALTH
	(2) REHABILITATION
	(3) WELFARE
	(4) OTHER

J. FOLLOWUP CONTACT

k. OTHER (specify)

5. TRAINING REFERRALS AND ENROLLMENTS

TYPE OF TRAINING	DATE	
	REFERRED	ENROLLED
a. MDTA - INSTITUTIONAL		
b. NYC		
c. NYC - MDTA CONCURRENT		
d. JOB CORPS		
e. OPERATION MAINSTREAM		
f. NEW CAREERS		
g. SPECIAL IMPACT		
h. RETURN TO SCHOOL		
i. OTHER		



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COLLECTION AND USE
OF SWP DATA

0703 Data Collection -- continued

- B. MA-101 Supplemental Form: Part C. This form is to be filled out for each new enrollee entering his first, and only his first, Special Work training slot.

MA-101 SUPPLEMENTAL FORM: PART C*

1. Number of jobs applicant has held in past 12 months period _____.
Of these jobs, how many were left voluntarily _____.
2. Highest hourly wage earned on any job prior to SWP _____.
3. Hours worked per week on last job _____.
4. Household members other than applicant contributing to family income during the past 12 months. List each member contributing. (By family relationship, not name; that is, "wife," "husband," "son," etc.)

_____	_____
_____	_____
_____	_____

5. What are the actual number of years of gainful employment applicant has had _____.
6. Of these years, how many were for 6 months or less _____.
7. Question applicant: "With your qualifications, what do you feel would be a fair hourly wage for an employer to pay you _____."

*This MA-101 Supplemental Form: Part C is to be filled out for all Special Work enrollees whether they be W.I.N. or Non-W.I.N. It need not be completed for persons who are not enrolled in Special Work.

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COLLECTION AND USE
OF SWP DATA

0703 Data Collection -- continued

- C. Trainee Status Form, ES-800. This form is to be filled out at each client's entry into and departure from a training slot. Therefore, each client who has left the Special Work Project (SWP) has at least two and may have as many as eight Trainee Status Forms, depending upon the number of training slots entered.

TRAINEE STATUS & D PROJECT

Name of Trainee	Social Security No.
Address	

Trainee will Begin, Terminate, training as _____ Occupational Title

in the: Special Work Contract No.

Upgrading Contract No.

Enrichment Training

at _____ Nature

Name of Organization

located at _____ on _____ Date

Address

Hourly Pay Rate \$ _____ Estimated Monthly Earnings \$ _____

FOR TERMINATIONS, COMPLETE BELOW

As of _____ Date this trainee should be classified as terminated because:

<input type="checkbox"/> 1. Placed in Employment <input type="checkbox"/> With Special Works Employer <input type="checkbox"/> In Other Employment <input type="checkbox"/> Upgraded: Job Title _____ DOT Code _____ Hours per week _____ Hourly Wage _____ Employer _____	<input type="checkbox"/> 6. Transportation Problem <input type="checkbox"/> 7. Cannot Locate <input type="checkbox"/> 8. Full-Time Schooling <input type="checkbox"/> 9. Found Own Employment <input type="checkbox"/> 10. Institutionalized <input type="checkbox"/> 11. Returned to Welfare <input type="checkbox"/> 12. Deceased <input type="checkbox"/> 13. Moved From Area <input type="checkbox"/> 14. Returned to WIN <input type="checkbox"/> 15. Transferred to Other Program <input type="checkbox"/> 16. Other (specify) _____
--	--

2. Discharged by Employer

3. Refused to Continue

4. Health Reasons

5. Pregnancy

Distribution: 1 copy to Employer
 3 copies to Central Office E & D Unit
 1 copy to E & D Local Office

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COLLECTION AND USE
OF SWP DATA

0703 Data Collection -- continued

- D. In-Training Follow-Up for Special Work Enrollees, Form ES-805. This form is to be filled out two weeks after a Special Work client has begun training; thereafter, at three months and at six months (see Part VI, Section 0603).

IN-TRAINING FOLLOW-UP FOR SPECIAL WORK ENROLLEES

THIS FORM IS TO BE COMPLETED BY A COACH OR MANPOWER SPECIALIST 2 WEEKS AFTER A SW CLIENT HAS BEGUN TRAINING; THEREAFTER AT 3 MONTHS AND 6 MONTHS. AFTER EACH VISIT, A COPY OF THE IN-TRAINING FOLLOW-UP FORM IS TO BE SENT TO THE E&D CENTRAL UNIT, AND A RECORD IS TO BE KEPT AT THE LOCAL OFFICE OF EACH VISIT.

NAME OF CLIENT: NAME OF SUBCONTRACTOR:

JOB TITLE: SUBCONTRACT NO.:

DOT CODE: NAME OF SUPERVISOR:

NAME OF COACH (OR MANPOWER SPECIALIST):

DATE OF VISIT (WRITE IN APPROPRIATE BOX):

END OF 1st 2 WEEKS	END OF 3 MONTHS	END OF 6 MONTHS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. SUPERVISOR INTERVIEW (DISCUSS WITH THE WORKSITE SUPERVISOR QUESTIONS SUCH AS THE FOLLOWING):

a.) SUPERVISOR'S ASSESSMENT OF CLIENT'S PROGRESS IN TERMS OF PUNCTUALITY ATTENDANCE RELATIONSHIPS ON THE JOB, MOTIVATION, QUALITY OF WORK, ATTITUDE AND SELF-CONFIDENCE

III. E&D COMMENTS

a.) HAVE ANY PLANS BEEN MADE TO RESOLVE CLIENT'S PROBLEMS OR SERVICE NEEDS? WHAT ARE THEY?

b.) SUPERVISOR'S PERCEPTION OF CLIENT'S PROBLEMS, IF ANY

II. CLIENT INTERVIEW (DISCUSS WITH CLIENT THE FOLLOWING):

a.) CLIENT'S SATISFACTION OR DISSATISFACTION WITH JOB AND TRAINING

b.) WHAT IS COACH'S OR MANPOWER SPECIALIST'S ASSESSMENT OF CLIENT'S PROGRESS, HIS JOB SATISFACTION?

b.) DOES CLIENT HAVE SERVICE NEEDS OR PROBLEMS WITH WHICH E&D CAN ASSIST? WHAT?

c.) WHAT SUPPORT SERVICES IS CLIENT PRESENTLY RECEIVING?

d.) WHAT IS THE TYPE AND AMOUNT OF WELFARE BENEFITS CLIENT IS RECEIVING AT THIS TIME?

USE OTHER SIDE FOR FURTHER COMMENTS

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COLLECTION AND USE
OF SWP DATA

0703 Data Collection -- continued

- E. Post-Training Follow-Through for SWP Clients. This form is to be filled out 30, 90 and 180 days after each SWP client has either terminated or completed training (see Part VI, Section 0605).

POST-TRAINING FOLLOW-THROUGH FOR SWP CLIENTS

When a SW enrollee leaves the program (either terminates or completes), an E&D STAT form reporting the client's termination is sent to the central E&D unit. If the client was placed in permanent employment, this information is recorded on the STAT form. Thereafter 30, 90 and 180 day follow-through contacts from the date of termination are to be made on all project leavers. A copy of the follow-through form for each visit is to be sent to the central E&D unit. It is the responsibility of the local E&D staff to maintain a "tickler" file noting when each contact is to be made.

CHECK BOX: Day Follow-Through
 30 90 180

DATE OF CONTACT:
 NAME OF STAFF
 MEMBER:

NAME OF CLIENT:

ADDRESS:

TELEPHONE NO:

DATE TERMINATED FROM SWP:

CLIENT ACTIVITY AT THIS TIME:
 —unemployed, not in labor force
 —unemployed, looking for work
 —employed with SWP employer
 —employed with other employer
 —in other training
 —name of training program
 —type of job for which training
 is being given

I. CLIENT INFORMATION

A. Amount and type of welfare client is presently receiving:

B. Support services client is presently receiving:

C. If client is presently unemployed, what are reasons:

D. If client has left previous job, what was reason for leaving:

E. If client is presently employed:

Name of employer: Date client began job:

Client's job title: Employer SIC:

Hourly wage rate Client's DOT:

Hours worked per week:

	YES	NO
Is client satisfied with wages	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfied with job duties	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfied with supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Is client satisfied with job location	<input type="checkbox"/>	<input type="checkbox"/>

F. Does client have any problems, or service needs for which E&D can help? What?



EMPLOYER INFORMATION: If client is employed with his SW employer, contact the employer:

- A. Is employer generally satisfied with client:
- B. Does employer perceive any problems with client for which E&D can help?
.....

I. COACH'S OR MANPOWER SPECIALIST'S COMMENTS (are any arrangements being made to give client any support services):

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0705
9/30/73

COLLECTION AND USE
OF SWP DATA

0705 Practical Utilization of Data. The data is set up in such a way that is flexible enough to be used by a variety of people for a variety of purposes. The data is available to staff members, the Department of Labor, consulting firms, outside agencies and individuals with related interests. The principal purpose for collecting the data is for documentation and evaluation.

A. The Weekly Summary of E&D Project Status is a report compiled from E&D Trainee Status forms. It is actually a compilation of the Trainee Status file cards as it reflects only trainee activity from the time of entrance into training, through completion or termination. It does not reflect the activity or changes in status of trainees when they are no longer involved with Special Work training.

The Weekly summary contains Upgrading information as well as Special Work information. Upgrading is the other component of the Vermont E&D Manpower Pilot Project. Since it is not under the Special Work Project, Upgrading procedures will not be discussed in this part.

The Weekly Summaries are designed to give E&D staff and other related agencies a periodic feedback of E&D's operational status. Ensuing is a facsimile of the Special Work portion of the Weekly Summary of E&D Project Status Form.

1. Weekly Summary of E&D Project Status Form.

TRAINEE SUMMARY - SPECIAL WORKS PUBLIC EMPLOYMENT

Currently in training			<input type="text"/>
Completed training			<input type="text"/>
-Completed-placed in employment	_____		
*-Completed-placed in work/training programs	_____		
TOTAL PLACEMENTS			<input type="text"/>
-Completed-placed in Education or Skill training	_____		
-Completed-Awaiting Placement	_____		
Terminated Training			<input type="text"/>
-Good Cause	_____		
-Without Good Cause	_____		
Total Special Work Enrollments to Date			<input type="text"/>

TRAINEE SUMMARY - UPGRADING TRAINING

Currently in training			<input type="text"/>
Completed training			<input type="text"/>
-Upgraded	_____		
-Not upgraded	_____		
Terminated Upgrading training			<input type="text"/>
-Good cause	_____		
-W/o good cause	_____		
Total Upgrading Enrollments to Date			<input type="text"/>

* This is a new summary category developed in response to follow-up studies being conducted which requires those completers placed in employment be distinguished from completers placed in employment having some work/training feature. (Includes WIN-OJT; MDTA-OJT; Public Service Careers; Operation Mainstream; STEP) These completers have previously been reported under "Completed - Placed in Employment". Under Dept. of Labor guidelines the number reported in this category should be added to those immediately above to determine successful completions & placements in employment from Special Work Projects.

Summary of Subcontracts and Training Slots

ACTIVE SPECIAL WORK SUBCONTRACTS

ACTIVE UPGRADING TRAINING SUBCONTRACTS

Office	Number of Subcontracts	Number of Slots	Slots Filled	Number of Subcontracts	Number of Opportunities	Opportunities Filled
Middlebury						
St. Albans						
Morrisville						
Burlington						
BURLINGTON DIST.						
Barre-Montpelier						
White River Jct.						
BARRE DISTRICT						
Newport						
St. Johnsbury						
ST. JOHNSBURY DIST.						
Bennington						
Rutland						
RUTLAND DIST.						
Springfield						
Brattleboro						
BRATTLEBORO DIST.						
STATEWIDE TOTAL						

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PERCENTAGE SUMMARY OF FORMER SPECIAL WORK

PROJECT TRAINEES AS OF -

(Numerical Base _____ Former Trainees to Date)

*Trainees completed and placed in employment	_____
Trainees completed and placed in education or skill training	_____
Trainees completed and awaiting placement	_____
Total former trainees completed Special Work Training	_____
Trainees terminated before completion with good cause	_____
Trainees terminated before completion without good cause	_____
Total former trainees terminated before completion	_____

The "Weekly Summary of E&D Project Status" is a report compiled from "E&D-STAT" forms. As such it reflects only trainee activity from the time of entrance into training, through completion or termination. It does not reflect the activity or changes in status of trainees when they are no longer involved with Special Work training.

In other words, the assignment of a former trainee in one of the six major project termination/classification categories is made at the time of project leaving, and the trainee is not subsequently reassigned unless he or she reenters the program, in which case the totals for "currently in training" is increased.

A summary of follow-through status is attached to this report on a bi-weekly basis and is represented in TABLES 1-3 of this part. This follow-through summary reflects the employment status of each former trainee at 30, 90 and 180 days after leaving Special Work training.

*Includes category of "Completed-Placed in Work/Training programs".

TABLE 1

E&D Final Termination Status
as of _____

Termination Status	SWP#1	SWP#2	SWP#3	SWP#4	Totals
Completed, Placed					
Completed, Not Placed					
Additional Training					
Terminated, Good Cause					
Terminated, W/O Good Cause					
TOTALS					

Currently in SWP Training

TABLE 2

Follow-Through Activities as of _____

30 Days

Termination Status	I	II	III	IV	V	VI	TOTAL
Completed placed							
Additional Training							
Awaiting Placement							
Terminated Good Cause							
Terminated W/O Good Cause							
TOTAL							

90 Days

Termination Status	I	II	III	IV	V	VI	TOTAL
Completed Placed							
Additional Training							
Awaiting Placement							
Terminated Good Cause							
Terminated W/O Good Cause							
TOTAL							

180 Days

Termination Status	I	II	III	IV	V	VI	TOTAL
Completed Placed							
Additional Training							
Awaiting Placement							
Terminated Good Cause							
Terminated W/O Good Cause							
TOTAL							

- | | |
|--|--|
| I - Not Employed, Unemployed | V - Not Employed, Not in Labor |
| II - Employed W/Initial Employer | Foree |
| III - Employed W/Other Than Initial Employer | VI - Employed, Unknown if Initial Employer |
| IV - In a Training Program | |

TABLE 3

**Client Follow-Through Reports on
Special Work Project Leavers
for:**

I: Completed, Placed Clients	Available Information	Number Employed W/Initial Employer	Number Employed W/Other Employer	Total Number Employed	Number Not In Labor Force Or In Training Number Unemployed
At Termination					
At 30 Days					
At 90 Days					
At 180 Days					

Terminated Clients	Available Information	Number Employed	Number Not In Labor Force Or In Training	Number Unemployed
At Termination				
At 30 Days				
At 90 Days				
At 180 Days				

Note: Percentages are based on available information at 30, 90, and 180 day follow-throughs.