

**SCSEP Community Service
Assignment Form**

OMB Approval Number: 1205-0040

Expiration Date: 08/31/09

1. Name of participant _____ 2. S.S. # _____
3. Grantee _____

Host Agency Information

4. Name of host agency _____

5. Host agency mailing address

_____ a. Number and Street, Suite Number; or PO Box

_____ b. City

_____ c. State

_____ d. Zip code

6. FEIN _____

7. Host agency type: Not-for-profit Government

7a. Date of host agency agreement _____ (MM/DD/YYYY)

7b. Date of host agency monitoring visit _____ (MM/DD/YYYY)

8. Host agency site name and location _____

8a. Host agency job codes: i _____ ii _____ iii _____

| | | |
|--|---------------------------------------|--|
| 1. Art, Design, Entertainment, Sports, and Media | 8. Food Preparation and Service | 15. Production, Assembly, Light Industrial |
| 2. Business and Financial Operations | 9. Healthcare | 16. Protective Service |
| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 4. Computer and Mathematical | 11. Maintenance and Custodial | 18. Self-Employment |
| 5. Construction, Installation, and Repair | 12. Management | 19. Transportation and Material Moving |
| 6. Education, Training, and Library | 13. Office and Administrative Support | |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service | |

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ETA-9121
(Revised July 2007)

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8b. Host agency continued availability Available Not available

Contact/Supervisor Information

9. Name of contact person _____

10. Contact person's mailing address if different from number 5

a. Organization or address field 1

b. Number and Street, Suite Number; or PO Box or address field 2

c. City

d. State

e. Zip Code

11. Contact person's title _____

11a. Contact person's salutation Mr. Ms.

12. Contact person's phone number _____

12a. Contact person's fax number _____

12b. Contact person's e-mail address _____

Complete fields 12c-12j if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.

12c. Name of supervisor _____

12d. Supervisor's mailing address if different from number 5

a. Organization or address field 1

b. Number and Street, Suite Number; or PO Box or address field 2

c. City

d. State

e. Zip Code

12e. Supervisor's title _____

12f. Supervisor's salutation Mr. Ms.

12g. Supervisor's phone number _____

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12h. Supervisor's fax number _____

12i. Supervisor's e-mail address _____

12j. Funding source of supervisor or contact person/supervisor:
 Federal Non-federal \$ _____ (hourly rate) _____ (average hours per week)

Assignment Information

13. Assignment date _____ (MM/DD/YYYY)

14. Start assignment date _____ (MM/DD/YYYY)

15. End date _____ (MM/DD/YYYY)

15a. Approved break in participation
Start date _____ (MM/DD/YYYY) Expected end date _____ (MM/DD/YYYY)
Actual end date _____ (MM/DD/YYYY)

15b. Reason for approved break in participation
 i. Family/health iii. Administrative
 ii. Personal iv. Other (specify) _____

16. CSA wage (per hour) \$ _____

16a. Number of hours per week assigned _____

16b. Participant's schedule

16c. Date of safety consultation with participant _____ (MM/DD/YYYY)

17. Community service assignment code _____ (Select only one code from following lists)

- Service to the general community includes the following activities:
- | | | |
|-------------------------------------|-----------------------------------|---------------------------|
| G1. Education | G6. Environmental Quality | G11. Counseling |
| G2. Health and Hospitals | G7. Public Works & Transportation | G12. Conservation |
| G3. Housing and Home Rehabilitation | G8. Social Services | G13. Community Betterment |
| G4. Employment Assistance | G9. Legal | G14. Other _____ |
| G5. Recreation, Parks, and Forests | G10. Financial | |

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Service to the elderly community includes the following activities:

- | | | |
|-------------------------------------|------------------------|---------------------------|
| E1. Project Administration | E6. Nutrition Programs | E11. Counseling |
| E2. Health and Home Care | E7. Transportation | E12. Conservation |
| E3. Housing and Home Rehabilitation | E8. Outreach/Referral | E13. Community Betterment |
| E4. Employment Assistance | E9. Legal | E14. Other _____ |
| E5. Recreation/Senior Centers | E10. Financial | _____ |

18. Community service assignment title _____

18a. Participant's job code _____

| | | |
|--|---------------------------------------|--|
| 1. Art, Design, Entertainment, Sports, and Media | 8. Food Preparation and Service | 15. Production, Assembly, Light Industrial |
| 2. Business and Financial Operations | 9. Healthcare | 16. Protective Service |
| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 4. Computer and Mathematical | 11. Maintenance and Custodial | 18. Self-Employment |
| 5. Construction, Installation, and Repair | 12. Management | 19. Transportation and Material Moving |
| 6. Education, Training, and Library | 13. Office and Administrative Support | |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service | |

18b. Participant's workers' compensation code _____

19. Total hours paid in quarter

Quarter 1 _____ Quarter 3 _____

Quarter 2 _____ Quarter 4 _____

20. Types of training received (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> a. General training (basic skills) | <input type="checkbox"/> d. Other (specify) _____ |
| <input type="checkbox"/> b. Specialized training (specific job/industry) | <input type="checkbox"/> e. None |
| <input type="checkbox"/> c. On-the job-experience (OJE) | |

21. Total hours of paid training received in quarter

Quarter 1 _____ Quarter 3 _____

Quarter 2 _____ Quarter 4 _____

22. Community service assignment comments

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Sub-Grantee Provided Training Information

Training Provider Information

23. Name of training provider or OJE employer _____

24. Training provider or OJE employer mailing address _____

a. Number and Street, Suite Number; or PO Box _____

b. City _____

c. State _____

d. Zip code _____

25. Training provider continued availability Available Not available

Contact Person Information

26. Name of training provider or OJE employer contact person _____

27. Contact person's mailing address if different from number 24 _____

a. Organization or address field 1 _____

b. Number and Street, Suite Number; or PO Box or address field 2 _____

c. City _____

d. State _____

e. Zip Code _____

28. Contact person's title _____

29. Contact person's salutation Mr. Ms.

30. Contact person's phone number _____

31. Contact person's fax number _____

32. Contact person's e-mail _____

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Training Information

33. Types of training received (Check only one per training record)

- a. General training (basic skills)
 d. Other (specify) _____
- b. Specialized training (specific job/industry)
- c. On-the job-experience (OJE)

34. Job code for which training is provided, if relevant _____

| | | |
|--|---------------------------------------|--|
| 1. Art, Design, Entertainment, Sports, and Media | 8. Food Preparation and Service | 15. Production, Assembly, Light Industrial |
| 2. Business and Financial Operations | 9. Healthcare | 16. Protective Service |
| 3. Community and Social Services | 10. Legal | 17. Retail, Sales, and Related |
| 4. Computer and Mathematical | 11. Maintenance and Custodial | 18. Self-Employment |
| 5. Construction, Installation, and Repair | 12. Management | 19. Transportation and Material Moving |
| 6. Education, Training, and Library | 13. Office and Administrative Support | |
| 7. Farming, Fishing, and Forestry | 14. Personal Care and Service | |

35. Participant's workers' compensation code in training _____

36. Start training date _____ (MM/DD/YYYY)

37. End training date _____ (MM/DD/YYYY)

38. Average number of hours of training per week _____

39. Average number of hours of community service per week during training _____

40. If OJE, wages paid by:

Sub-grantee
 Employer and reimbursed by sub-grantee at rate of _____%

41. Training wage (per hour) \$ _____

42. Total wages paid to participant or reimbursed to employer \$ _____

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) \$ _____

44. Training Comments