Michigan Works of Macomb St Clair Counties

Senior Community Service Employment Program

SCSEP

Participant & Host Agency

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SECTION ONE: Introduction

Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency operating as Macomb - St. Clair Counties Michigan Works Agency! began offering the SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) over 10 years ago to help low-income, unemployed people gain on-the-job training experience and find permanent work. The program assigns adults 55 and older to temporary subsidized jobs that provide them with current skills to transition to permanent, unsubsidized employment.

SCSEP grant funding from the Department of Labor’s Employment and Training Administration, Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! has helped over 1000 adults obtain work training.

Each SCSEP participant (also called an enrollee) is placed in a temporary assignment with either a non-profit community organization or a federal, state county, or city organization, commonly referred to as a host agency. While in training at these agencies, participants earn a stipend at the rate of the State of Michigan prevailing minimum wage per hour.

The Senior Community Service Employment Program (SCSEP), also known as Title V, provides part-time work-based training opportunities at local community service agencies for older Michigan residents who have poor employment prospects and are unemployed. SCSEP assists individuals in finding employment opportunities in the community through a variety of supportive services such as personal and job-related counseling, job training, and job referral. SCSEP providers also educate employers about the benefits of hiring older workers.

Michigan Works! is pleased to partner with the individual participant or enrollee and the host agency.

As a host agency, you will be providing the SCSEP participant with an opportunity to experience personal growth while acquiring new skills and new job opportunities. The goal of the program is to strengthen eligible applicant’s job skills and prepare them to move into unsubsidized employment.

The Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! - Career Planner(s) interact with the participants of SCSEP on a regular basis and are dedicated to helping the participants lead a quality life.

The information in this handbook will provide you, as a SCSEP participant (job seeker) or host agency, with a better understanding of the SCSEP program. All SCSEP partnering responsibilities are listed throughout this handbook. Being aware of or understanding the program responsibilities will help both participants and host agencies get the most out of the program. Michigan Works! wishes you the best. If you need any assistance, please feel free to contact us.
SECTION TWO: Getting Started

As a Participant

Applicants must first be assessed for eligibility for enrollment. Eligibility is based on age, residency, employment status and income guidelines established by the Labor Department, and by our ability to provide the services you need (we may not be able to help everyone who is eligible).

Applicants Initial Participation

Complete a formal program orientation, an assessment, set employment goals or write an initial IEP, prepare to greet and meet with potential host agencies, be assigned a host agency training site, complete new host agency handbook orientation, participate in IEP updates and performance evaluations, receive supportive services as needs and ultimately being referred for unsubsidized employment opportunities.

The Participant Memorandum of Understanding

As a Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP applicant, I understand that

The purpose of SCSEP is to provide part-time work training 55+ year old seekers who are low-income, unemployed, with employment prepare for and obtain unsubsidized employment. Participation in the SCSEP program is NOT unsubsidized employment. I acknowledge that training at a host agency is not a job and I am not an employee of Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! or my host agency. A completed intake application does not mean enrollment in the program. I will not be paid for any part of the intake and orientation process, enrollment starts on the first day of a host agency assignment. (Initial _____)

Initial Program Requirements

(Check each box as the topic is discussed, only initial where required):

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m 55 years or older</td>
<td></td>
</tr>
<tr>
<td>I must be unemployed to participate</td>
<td></td>
</tr>
<tr>
<td>I’m a resident in Macomb, Oakland, and St. Clair counties</td>
<td></td>
</tr>
<tr>
<td>I’m authorized to work in the U.S</td>
<td></td>
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<tr>
<td>I’m income eligible to participate</td>
<td></td>
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<tr>
<td>I will participate in self - improvement seminars</td>
<td></td>
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<tr>
<td>I’ll provide eligibility documents</td>
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<tr>
<td>I’ll complete an Individual Employment Plan (IEP) every 6 months</td>
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</tbody>
</table>

Each of these initial program requirements has been explained to me and I accept. (Initial _____)
I must register with the State Workforce program within two weeks and provide proof of my registration to the SCSEP Career Planner. I must remain actively registered with the MiTalent Connect system for the duration of my SCSEP enrollment (Initial ____). If enrolled, I am expected to be on assignment for 19 hours per week at a host agency. Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! has the right to change participant training hours, and guidelines based on funding(Initial ____). If enrolled, I may be asked/directed to attend meetings/trainings, or come to the SCSEP office, and I will not receive mileage reimbursement.

HOST AGENCY ASSIGNMENT UNDERSTANDING (please initial each line as topic is discussed)

I will accept regular CSA or host agency assignment transfers to further my training. (Initial)_____. I will adhere to my training assignment description (Initial)_____. I will immediately report any injury to my host agency supervisor and the Career Planner(s) office (Initial)_____. The host agency/training provider may request my removal from the assignment at any time (Initial)_____. I will conduct myself in a courteous, professional manner at my host agency assignment (Initial)_____.

I understand that enrollment in SCSEP or unsubsidized employment may cause me to lose all or part of certain public benefits I receive (Initial ______).

SCSEP is a short-term program and, ideally, I will obtain unsubsidized employment and exit from the program in 24 months (Initial____). Per U.S. labor regulations, the maximum time I may be enrolled, cumulatively, in any SCSEP program, is 48 months. The 48-month period begins on the date of my enrollment. Under the regulations, absolutely no extensions beyond the 48 months are permitted (Initial____). My enrollment in SCSEP is based on a several criteria, including: my continuing eligibility; satisfactory performance of my work-training assignments; suitable transportation that allows me to accept training and an unsubsidized job; and my willingness to actively cooperate in the job search process as spelled out in my IEP and directed by the Career Planner(s) and/host agency. If I provided in inaccurate information to meet the program’s eligibility requirements, I may be subject to immediate dismissal (Initial____).

I agree to allow the release of information about my enrollment, assignments, employment status and wages while enrolled or for up to a year after leaving the program for reporting or program promotion. (Initial____)

By signing this document, I acknowledge my understanding of SCSEP and agree to comply with all policies and procedures of SCSEP, if enrolled. If I am enrolled, I will receive an orientation to SCSEP, and a copy of the Participant and Host Agency supervisor Handbook and the Involuntary Termination Policy and the Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! Grievance Procedure. I further understand that failure to comply with the terms of this agreement at any time could put my enrollment at risk and may result in my termination from the program.

___________________________________________       _________________________________
Applicant Signature                                      Date

_________________________________________       _________________________________
Career Planner(s) Signature                             Date
Michigan Works! Senior Community Service Employment Program

Participant Agreement

This document outlines the terms and conditions under which the participant will retain access to the Senior Community Service Employment Program through Michigan Works!

Program Information & Requirements

I understand that in order to participate in the Senior Community Service Employment program I must meet eligibility guidelines annually, and will provide eligibility documentation to my Career Planner(s) on an annual basis. I understand that I am being accepted into the Michigan Works! Senior Community Service Employment Program on a time limited assignment of 999 hours per year or less based on program funding levels. The average length of participation for individuals in the SCSEP is an aggregate of 27 months, and termination will occur after a maximum of 48 months. I understand that my assigned work hours will be no more than ____________ hours per week in a public or non-profit organization and that I will receive a $__________ per hour stipend. I understand that my placement with a Host Agency is not a job, but a community service assignment that will provide me an opportunity to gain marketable job skills and prepare myself for future unsubsidized employment in the public or private sector. I understand that because this community service assignment is defined as training by the Department of Labor and the Michigan Employment Security Act, I am not eligible for unemployment benefits when my community service ends. I understand that my community service assignment at a Host Agency is time limited to a six-month period and that if I have not found unsubsidized employment at the end the assignment period my employability will be re-evaluated and I will be transferred to another Host Agency for further training. I understand that I must work with my Career Planner(s) to develop an Individual Employment Plan with a goal of entering unsubsidized employment and that I will actively carry out the steps identified in my plan to gain unsubsidized employment.

Job Search Requirement

I understand that it is a program requirement to actively look for employment, and that failure to do so is reason for termination from the program. I also understand that because this is a job training program, I must accept reasonable offers of unsubsidized private or public sector employment or be terminated from the SCSEP / Title V program.

Customer’s initials signifies agreement to terms _________

Termination Policy

I understand that participation in the Senior Community Service Employment Program may be terminated if I: 1) knowingly provide false information in the eligibility process; 2) am incorrectly determined eligible; 3) no longer meet eligibility criteria; 4) reach the 48 month maximum participation limit; 5) become employed during enrollment: 6) for cause which may include but is not limited to: refusal to cooperate in recertifying eligibility, inability and/or unwillingness to perform assigned duties, unreasonable refusal to accept a different community service assignment, unreasonable refusal to accept job referrals or adhere to the Individual Employment Plan, frequent tardiness, falsification by the participant of time sheets or other official records, insubordination, obscene/abusive language or behavior, non-compliance with substance abuse policy, failure to cooperate with Michigan Works! and/or host agency. I have received a copy of the Termination Policy.

Customer’s initials signifies agreement to terms and receipt of policy _________

Grievance Procedure

The Macomb/St. Clair Workforce Development Board maintains a formal grievance procedure to receive, investigate and resolve complaints; and to conduct hearings in order to settle disputes arising out of programs with funding sources received from the Office of Services to the Aging.

Customer’s initials signifies receipt of Grievance Procedure _________

Print Customer Name __________________________________________

Customer Signature ___________________________ Date

Senior Community Service Employment Program Career Planner(s) Signature ___________________________ Date

Revised 05/16
The Host Agency Understands

Your agency qualifies to serve as a training site. Federal regulations require that all SCSEP host agencies be either 501(c)(3) nonprofit organizations or public agencies. Proof of nonprofit status (a 501(c)(3) letter or IRS form 990, if applicable, and your Federal Employer Identification Number (FEIN) must be provided to the SCSEP office, and will be kept on file at the Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP career planners.

The Career Planner(s) will seek your input to determine training opportunities available at your agency and will work with you to develop and identify the responsibilities for these training positions and match participants to your agency.

As a qualified host agency or community service agency (CSA) an authorized representative must sign the Host Agency Agreement (see sample on page 13) and identify direct supervisors for participants assigned to the agency. The agency must designate two persons to sign the time sheets. It is the participant’s responsibility to fill in the daily hours and the total number of hours worked. The supervisor should verify those hours, sign the time sheet and keep a copy of the time sheets until the participant has been rotated out of the agency or reassigned. To become a host agency, the organization should have a fax machine or the ability to scan for receipt and the ability to send participant time sheets or other SCSEP documents to and from the SCSEP office payroll fax number at 1-586-469-5082

To ensure that your agency continues to provide viable training opportunities for our participants, your participation as a host agency will be evaluated by the participant during the IEP review. If it is determined that the host agency is not fulfilling its obligation to adequately train, supervise and guide the participant toward securing permanent employment, SCSEP may discontinue its agreement with the agency and participants will be re-assigned.

Host Agency Resource Site

Although your agency is not considered a volunteer site, you can manage the participant’s training, and the administrative duties much like a volunteer would be managed. The site of https://www.501commons.org is a helpful site developed by VIP360 or organizations who participated in the Volunteer Impact Program (VIP), a partnership with United Way.

Please know that your Career Planner(s) are available as a support to you and are willing to help you with participant concerns at any time.

Responsibilities of a Host Agency

You should understand and agree to the following:

- The host agency will bear the cost of any training materials, background/security/police checks and/or health screenings required by the agency.

- The host agency will provide a safety orientation to all assigned participants.

- The host agency will inform the Career Planner(s) of any changes to a participant’s work schedule or training responsibilities.
Responsibilities of a Host Agency (cont.)

■ The host agency agrees to consider qualified SCSEP participants for permanent positions within the agency as they become available.

■ Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! reserves the right to set participant total weekly participant training hours based on the budget available and other program considerations in the county where the participant is assigned.

■ Host agencies will ensure that participants are not unsupervised or left alone. In the event a participant must be unexpectedly left alone for more than half their training shift the host agency should immediately notify the career planners.

Maintenance of Effort Restrictions

~ Very Important - Please Note ~

■ SCSEP is intended to be a “Job Creation” program, meaning host agencies must create jobs, specifically, for SCSEP participants, not fill existing positions with SCSEP participants.

■ Using SCSEP participants to replace or fill existing jobs - either directly or indirectly - is considered “maintenance of effort,” which is an impermissible use of federal funds under Department of Labor regulations.

■ Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP participants must not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals who are not SCSEP participants.

■ Participant training positions may not replace or fill vacant positions within the host agency. SCSEP participants must be assigned to “non-staff” status positions in the host agency and be considered temporary extra help. Macomb - St. Clair County Workforce Development Board/ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP must not influence the displacement of currently employed workers, including partial displacement, such as reduction in hours of non-overtime work, wages or employment benefits. Participants may not be assigned to complete the same or substantially similar work performed by any person who has been laid off from the host agency.

■ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP offices may not assign or continue to assign a participant to perform the same work or substantially the same work as that performed by any other individual who is on layoff.

■ Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP participants may not impair existing contracts or result in the substitution of federal funds or other funds in connection with work that would otherwise be performed.

■ The host agency must be able to operate independently, without SCSEP participants. If this policy is being violated in any way, all participants currently assigned to the agency must be re-assigned and the host agency agreement terminated.

■ Participants may not be paid a supplemental per hour wage by the host agency (in addition to SCSEP wages) to increase the participant’s hourly wage.
Assurances, Certifications and Participant Worksite Limitations

❖ The Host Agency shall comply with Title VII of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services (45 CFR part 80) issued pursuant to that Title, to insure that no person in the United States shall, on the ground of race, color, creed, sex or national origin, be otherwise subjected to discrimination under any program or activity for which the Host Agency received financial assistance and gives assurances that it will immediately take any measures to effectuate this Agreement.

❖ The Host Agency shall comply with Section 504 on the Rehabilitation Act of 1973 and Regulations pursuant to Act that no otherwise qualified handicapped individual shall, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

❖ The Host Agency must not select, reject, promote, or terminate an individual based on political service provided by the individual or on the individual’s political affiliations or beliefs.

The Host Agency must ensure that

❖ No Senior Community Service Employment Program (SCSEP) participants or staff persons engage in partisan or nonpartisan political activities during hours for which they are being paid with SCSEP funds.

❖ No participants or staff persons engage in partisan political activities in which such participants or staff persons represent themselves as spokespersons for the SCSEP program.

❖ No participants are employed or out-stationed in the offices of a Member of Congress, a State or local legislator, or on the staff of any legislative committee.

❖ No host agency serves as a worksite for, a person who works in a SCSEP community service position if a member of that person’s immediate family is engaged in a decision-making capacity (whether compensated or not) for that project, subproject, recipient, sub-recipient, or host agency. “Immediate family” means wife, husband, son, daughter, mother, father, brother, sister, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, stepparent, stepchild, grandparent, or grandchild.

❖ Employment of a participant funded under SCSEP is permissible only in addition to employment that would otherwise be funded by the host agency without assistance under the SCSEP.

❖ Must result in an increase in employment opportunities in additions to those that would otherwise be available.
❖ Must not result in the displacement of currently employed workers, including partial displacement such as a reduction in hours of non-overtime work, wages, or employment benefits.

❖ Must not impair existing contracts for service or result in the substitution of Federal funds for other funds that are in connection with work that would otherwise be performed.

❖ Must not substitute SCSEP-funded positions for existing federally assisted jobs.

❖ Must not employ or continue to employ any participant to perform work that is the same or substantially the same as that performed by any other person who is on layoff.

❖ SCSEP participants shall not be placed on projects involving the construction, operation, or maintenance of any facility used as a place for sectarian religious instruction or worship.

❖ SCSEP participants shall not be assigned activities involving the building and construction of highways or work which primarily benefits private, profit-making organizations.

**Occupational Safety and Health Act**

The Occupational Safety and Health Act (OSHA) of 1970 requires that all employees be given a safe and healthy place of employment and provides guidelines for avoiding injuries. OSHA requires that employees comply with safety standards.

Those standards include general rules for avoiding hazards which are already known and which have proved to be harmful to personal safety and health. These include keeping aisles and walkways free of obstacles or obstructions; requiring that employees wear safety glasses, face shields or goggles when working with conditions that could cause foreign materials to injure eyes; plainly marking exits from work areas; and suppression systems including alarms and fire extinguishers in designated areas.

Your responsibilities under OSHA are too numerous to mention, but some of the most important are to:

- examine and correct unsafe or hazardous conditions that might exist in your agency or office;

- develop effective in-house safety programs which include safety training for your supervisors and employees; and

- set specific safety goals for your organization and measure progress toward attaining them.
**Benefits of Being a Host Agency**

SCSEP can provide your organization with temporary additional manpower to strengthen the programs and services you provide to the community. Many of our host agency supervisors have found that they are able to delegate work assignments and complete priority tasks more effectively by having one of our participants train at their agency.

To determine the best training opportunity, the Career Planner(s) assess the skills and abilities of each participant upon enrollment. This will allow the participant to focus on skills that will support this or her employment goals, and it allows your agency to work with an individual who has an aptitude for the tasks involved in the training assignment. This could mean that you may not always have a participant assigned to your agency even though you have a signed agreement with the program.

The Career Planner(s) will monitor the participant’s progress in the assignment and will assist you with evaluating the participant’s performance. We are eager to have participants gain as much experience as possible during their short enrollment with us, all participants should expect regular reassignments to another host agency to ensure that are given every opportunity to broaden skills and gain the breadth of work experience necessary to compete for quality unsubsidized employment.

However, many of our host agency supervisors have also found that as permanent jobs become available at the agency, they are able to fill the positions with trained SCSEP participants already well-versed in the mission of the agency, rather that starting over with untrained or unfamiliar job applicants.

**In Kind Match** – time and services donated to the SCSEP by the host agency. A dollar value is assigned to the donated time or services. Time or services can include transportation, supplies or equipment, such as computers and software, and host agency staff that dedicate their time training to the participant. **IN KIND MATCH DOES NOT HAVE TO BE MONEY (and is not encouraged).** Toward the end of the quarter your SCSEP Career Planner(s) will send you a prompt that it is time for the in-kind match form to be completed and sent back to our administrator.

The next three pages are samples of the In-Kind donation process.
Dear Host Agency:

The Senior Community Service Employment Program requires a non-federal fund match. **This match can be in-kind or cash.** Your host agency agreement with the Macomb/St. Clair Workforce Development Board (M/SCWDB) in item B. 10; states that the “Host Agency agrees to report cash or in-kind match funding quarterly on a form provided by the M/SCWDB. Attached is the in-kind/cash funding match reporting form. Please complete this form and return it to:

John H. Bierbusse  
Executive Director  
Macomb/St. Clair WDB  
21885 Dunham, Suite 11  
Clinton Township, MI 48036

By the 20th of the next month following a quarters end – see the below time line

**Time Line:**

<table>
<thead>
<tr>
<th>Quarter Begin</th>
<th>Quarter End</th>
<th>Match Form Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 01</td>
<td>March 31</td>
<td>April 20</td>
</tr>
<tr>
<td>April 01</td>
<td>June 30</td>
<td>July 20</td>
</tr>
<tr>
<td>July 01</td>
<td>September 30</td>
<td>October 20</td>
</tr>
<tr>
<td>October 01</td>
<td>December 31</td>
<td>January 20</td>
</tr>
</tbody>
</table>

Thank you for your contribution to the success of the Senior Community Service Employment Program.

Sincerely,

John H. Bierbusse  
Executive Director  
JHB/pm  
Enclosure
**Macomb/St. Clair Workforce Development Board**

**Michigan Older American Community Service Employment Program**

**Non-federal Funding Match Form**

**Host Agency Name**

Report for the quarter ____________________ to ____________________

**In-kind staff contribution (provide a summary by position classification; this could include cost of training the participant, providing supervision to the participant, etc.)**

<table>
<thead>
<tr>
<th>Staff Position</th>
<th>Hours</th>
<th>Hourly Rate</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVISOR</td>
<td>240</td>
<td>$2.00</td>
<td>$480.00</td>
</tr>
</tbody>
</table>

**Space contribution (Space provided to the participant to perform their work activities)**

<table>
<thead>
<tr>
<th>Building Address</th>
<th>Square footage provided to the participant(s)</th>
<th>Rate per Square Foot</th>
<th>Total Value</th>
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**Supplies and Equipment (the value of the equipment and supplies used by the participant)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost/Item</th>
<th>Quantity</th>
<th>Total Value</th>
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<tbody>
<tr>
<td>COMPUTER TRAINING</td>
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<tr>
<td>TRANSPORTATION</td>
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<tr>
<td>MEALS/FOOD</td>
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**Cash Contribution**

<table>
<thead>
<tr>
<th>Contributor’s Name</th>
<th>Amount of Contribution</th>
</tr>
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Total

Total of in-kind and cash funding match ____________________

Certified on ____________________ by ____________________

Signature

Print Name
Macomb/St. Clair Workforce Development Board
Michigan Older American Community Service Employment Program
Non-federal Funding Match Form

Host Agency Name_____________________________________________________________

Report for the quarter ____________________ to ____________________

<table>
<thead>
<tr>
<th>In-kind staff contribution (provide a summary by position classification; this could include cost of training the participant, providing supervision to the participant, etc.)</th>
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<tbody>
<tr>
<td><strong>Staff Position</strong></td>
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<table>
<thead>
<tr>
<th>Space contribution (Space provided to the participant to perform their work activities)</th>
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<table>
<thead>
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<table>
<thead>
<tr>
<th>Total of in-kind and cash funding match</th>
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</table>

Certified on ____________________ by ____________________

Signature

Print Name
Macomb/St. Clair Workforce Development Board
Senior Community Service Employment Program (SCSEP)

Host Agency Worksite Agreement

This agreement is between the Macomb/St. Clair Workforce Development Board, 21885 Dunham, Clinton Township, Michigan 48036 (hereinafter referred to as “M/SCWDB” and establishing a suitable community service placement for a SCSEP enrollee with the Host Agency.

M/SCWDB AGREES TO:

1. Recruit, interview, and assign eligible seniors to appropriate host sites.

2. Obtain the necessary enrollment data and handle the enrollment process.

3. Provide the best, most suitable, training for the individual enrollee.

4. Evaluate enrollee’s readiness for placement out of the program.

5. Work with the Host Agency to monitor suitability of match between enrollee and host site.

6. Maintain client files, monitor time frames and maintain periodic contact with enrollees.

7. Provide technical assistance to Host Agency.

8. Conduct Host Agency staff orientation and/or program training, if requested or needed.

9. Handle payroll, as well as any other allowable expenses incurred by the enrollee during their involvement with the program.

B. HOST AGENCY AGREES TO:

1. Orient the newly placed enrollee to the work site and job activities.

2. Provide the necessary basic training needed by the enrollee, prior to actual commencement of job duties.

3. Notify the M/SCWDB Career Planner, before the end of enrollee’s first month of work, if there is a problem with work site/enrollee match.

4. Assist with the M/SCWDB Career Planner’s ongoing evaluation of enrollee’s readiness for placement into unsubsidized employment.

5. Cooperate with M/SCWDB Career Planner’s effort to provide any additional off-site training, as well as in-service workshops.

6. Provide a staff person(s) who will serve as the enrollee supervisor and program contact person. Supervisory time with the enrollee should be equal to that being provided to agency staff that is supervised.
7. Make arrangements to permit enrollee time away from assigned work/training hours, when required, so enrollee can interview for unsubsidized placement.

8. Consider enrollee for any available position that may occur within the Host Agency system and offer an interview for such positions, whenever a position(s) is suitable for this enrollee. Notify the M/SCWDB Career Planner(s) if such action is being considered and/or taking place.

9. Provide, with this Agreement, a job description and/or explanation of available training activities for each position(s) requested.

10. Report cash or in-kind match funding (suggested minimum of 10%) quarterly on a form provided by M/SCWDB.

11. Comply with Federal and State regulations for SCSEP work sites that are provided to the Host Agency.

12. Assist the enrollee with filling out and/or submitting to the M/SCWDB the necessary payroll time sheets (data) by the required date.

13. Provide a private area or room where the M/SCWDB Career Planner(s) can meet with the enrollee or enrollees.

In witness whereof, the M/SCWDB and the Host Agency have executed this agreement the day, month, and year indicated below.

HOST AGENCY

MACOMB/ST. CLAIR WORKFORCE DEVELOPMENT BOARD

TAX ID: ________________________________

SIGNATURE: ____________________________ John H. Bierbusse, Executive Director

TITLE: ________________________________ DATE: ________________________________

NAME:

PRINTED

DATE: ________________________________
SECTION THREE: Program Services

Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP offers program services to its participants to provide them with the tools, information and training they need to be successful in getting and keeping a permanent job. Upon enrollment, all participants are provided a formal program orientation with information on policies such as: pay periods and paydays, Time & Attendance Reports, the role of career planner, safety procedures, accident reporting, grievance procedures, participant meetings, limitations on political activities, evaluations and separation for inactivity.

SECTION FOUR: Host Agency Assignments

By assessing a participant’s past work experience, current interests, training needs and employment goals, the Career Planner(s) and participants will determine the participant’s most appropriate host agency assignment.

Very Important Information About Assignments and Transfers

1. An assignment must not be confused with a permanent job. A permanent job, or “placement,” occurs when participants are paid solely by an employer’s own funds and no longer subsidized by Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP.

2. The length of any assignment is determined by many factors. A participant may be assigned to an agency until hired by that agency, hired by another employer, transferred to another host agency assignment, or otherwise separated from the program.

3. Participants may not be assigned to a host agency in which any member of his or her immediate family is employed in an administrative capacity and/or serves as a supervisor to that participant.

4. Generally, participants may not perform their work-training from their home or any other participant’s home.

5. Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP does not conduct background checks or drug screenings on participants, but host agencies may conduct background checks and drug screenings for participants assigned to their organization. Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP is not financially responsible for any costs involved in background checks or drug screening.

6. The host agency or participant may request a participant’s transfer to a different host agency. In addition, the Career Planner(s) reserves the right to transfer participants to another assignment at any time.

7. When the host agency requests a participant transfer, the Career Planner(s) will request further documentation to help the participant succeed at their next assignment.

8. When a participant separates from the program, it may not always be possible to give the host agency prior notice and it may not be possible to replace the participant. The Career Planner(s) will make every effort to keep the host agency informed of changes.
**Training Duties**

Participants must only perform assigned duties. Host agency supervisors and Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! will ensure the training assignment description (TAD) that supports the participant’s IEP.

1. A participant may drive a vehicle belonging to the host agency if it has been approved by the Career Planner(s) and the vehicle is covered by the host agency’s insurance, with a copy of the coverage on file in the Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP office. Participants shall not transport passengers as part of their host agency assignment under any circumstances.

2. **Participants may not drive their own vehicles for the purpose of assignment duties.**

**Very Important, Please Note**

Continued or deliberate failure to comply with these responsibilities may result in disciplinary procedures, which may include the participant’s termination and/or discontinuing Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP’s partnership with the host agency.

**Participant Meetings and Workshops**

Periodically, the Career Planner(s) may hold meetings or workshops to provide participants training or information on job searches, employment trends and opportunities or information relevant to older workers. Participant attendance at meetings and workshops is mandatory.

- Participants must notify the Career Planner(s) in advance if unable to attend the meeting. (Only emergency situations will be a valid reason for not attending).

- Participants will report to the meeting location instead of to their host agency for that day, but will be paid for their time.

- Host agencies must be fully supportive of the participant’s absence to attend such meetings or workshops. The Career Planner(s) will make every effort to inform host agency supervisors of scheduled meetings and related participant absences.

**Re-certification Reviews**

- A re-certification of the participant’s income to determine that he or she is still income eligible to participate in SCSEP.

- An update to the participant’s Individual Employment Plan, (IEP) every 6 months to determine if previous goals set are still appropriate and to identify additional actions that need to be taken to support current goals. The SCSEP participant is encouraged to share their IEP with their host agency supervisor.

- Following these updates, the Career Planner(s) may formally endorse the participant’s continued participation in the program will identify “next steps” in the individual’s progress, which may include:
  1. Returning to his or her current assignment.
  2. Being reassigned to another agency for further training.
3. Increasing job search from two per week to 4 per week, and adding two additional searches per week for each 12-month period the participant is enrolled in SCSEP.
4. If the participant is determined no longer eligible for SCSEP or the participant’s behavior or performance warrants termination, alternative service will be discussed and the termination process will begin.
SECTION FIVE: Procedures for Participant Attendance and Payroll

Procedures for SCSEP participant paychecks depend upon the cooperation of the Host Agency supervisor, the SCSEP participant, and the Michigan Works! case manager.

SCSEP participants are considered part-time Macomb County employees and are not eligible for any of the following benefits: insurance coverage, annual leave, sick leave, holidays/holiday pay, retirement, salary increments, longevity, long term disability, deferred compensation, reclassification or COLA. SCSEP participants are paid every two weeks at the state of Michigan Minimum Wage per hour. They are paid for actual time worked.

Participant paychecks will be processed through the Macomb/St. Clair Workforce Development Board. Therefore, adherence to outlined procedures is necessary and required by audit and monitoring rules.

The Host Agency/Supervisor is responsible for:

- Overseeing accurate daily time and hour entries by the SCSEP participant
- Verifying timesheets and faxing the timesheet to the Michigan Works! Case manager

Timesheets are to be used as a time clock, with SCSEP participants recording the time they start and end their workday. If a participant works 7½ hours a day or more they are required to take a ½ hour unpaid break which should be documented on the timesheet. On a daily basis, the total hours the participant worked must be recorded and the SCSEP participant must sign the timesheet.

Participants are allowed to work a maximum of 19 hours a week. Work schedules can be flexible and are determined by the Host Agency’s hours of operation and staff needs, Participants are encouraged to work 19 hours each week and a total of 38 hours per pay period.
To get a paycheck you must keep a record of the time you are in training. A timesheet is used for this purpose and should be treated as a time clock. Filling time sheets out correctly is insurance that your checks will be accurate and deposited timely.

**The Payroll System**

**This is how the payroll system works:**

- A special timesheet will be prepared for you, reflecting a two-week period. The timesheets will be given to you as part of your new assignment orientation.
- Each day you will record the time of day you begin training, the times you go to lunch and return from lunch, and the time you end your training day.
- You must sign the timesheet daily.
- At the end of a two-week period, your supervisor will sign your timesheet and make a copy for his or her file.
- You will fax, or scan your timesheet to the SCSEP office. The recorded hours will be entered into a payroll system, and based on your election of how you requested to receive your training stipend you will receive direct deposit in your bank account or deposit on a COMERICA bank card.
- A pay schedule is provided.
- You will be paid at an hourly rate of the state of Michigan Minimum wage.

**Important things to remember:**

1. If your timesheet is not complete or correct, your paycheck will be delayed.

2. You are only paid for the time you are training. You are not paid for lunch breaks.

3. If you falsify your time sheet, you will be subject to termination from the SCSEP program.

Instructions for completion of time sheets are within the handbook. After you read the timesheet instructions, and if you need clarification, please reach out to the SCSEP office at (586) 783-8710 for assistance.
As a Senior Community Service Employment Program participant, it is your responsibility to ensure that your timesheet is complete and accurate. Your paycheck cannot be processed if your timesheet is not neat and legible. Michigan Works! cannot be responsible for paycheck delays due to inaccurate, incomplete or illegible timesheets. If you need assistance completing your timesheet speak to your supervisor or SCSEP career planner.

TIMESHEET INSTRUCTIONS

DAILY FOR TWO WEEKS: (USE THIS TIMESHEET AS A TIME CLOCK)

(1) **TIME IN:** Each day, record the time you arrive at your Host Agency to begin work.

(2) **LUNCH:** Each day, record the beginning and ending times of your lunch period.

(3) **TIME OUT:** Each day, record the time you finish your work at the end of the day before you leave your Host Agency.

(4) **TOTAL HOURS WORKED:** Enter the total number of hours of actual work time each day (excluding lunch). Example: If you are at your worksite for 5 1/2 hours, but 1/2 hour was taken for lunch, enter 5 hours at total number of hours worked.

(5) Sign your name at the end of each day after you have recorded total work hours for the day.

EVERY TWO WEEKS:

(6) Have your worksite supervisor verify your work hours for each two-week pay period by recording his/her signature where it reads "Supervisor Signature". Supervisor’s signature is required before your paycheck can be processed.

(7) Make sure that your timesheet is accurate and complete.

**NOTE**

- If you make an error, put a line through the incorrect area, enter the correct information and put your initials next to the correction. If you need an additional time sheet do not pull from the next time sheet.

- Use this timesheet as a time clock. Always sign in and out on the quarter hour. (i.e. If you arrive at work at 8:55; sign in at 9:00. If you leave at 3:20, sign out at 3:15.)

- Inform your Michigan Works! Career Planner(s) if you change your address.
### SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

**NAME:** Jane Doe 1101  
**PAYCHECK WILL BE DEPOSITED OR MAILED**  
1-07-17 - 1-20-17  
February 3, 2017

**PAY Period: 01-07-17**  
**WEEK: 01-07-17**

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<th>LUNCH IN</th>
<th>END TIME</th>
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**WEEK OF: 1-14-17**

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### COMMENTS

*Time sheets are due*

**THIS ATTENDANCE FORM MUST BE FAXED TO TERESA BRITTENTINE OR JUSTINE SCHONEMAN (586)-469-5082 BY NO LATER THAN 5:00PM THE LAST DAY OF THE PAY PERIOD.**

**HOST AGENCY NAME:** NAME OF HOST AGENCY

**SUPERVISOR SIGNATURE:**

**MW! CASE MANAGER:**

**COMMENTS:**

**PLEASE SEE TIMESHEET INSTRUCTIONS ON REVERSE SIDE**
# SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

**NAME:**
(Must use correct Time Sheet) Pay Period:
PAYCHECK WILL BE DEPOSITED OR MAILED

Note: Complete in **INK** only

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<th>WEEK: :</th>
<th>Note: Complete in INK only</th>
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If you work than 7 hours per day – please take an unpaid ½ hour lunch break

*Time sheets are due *

**THIS ATTENDANCE FORM MUST BE FAXED TO TERESA BRITTENTINE OR JUSTINE SCHONEMAN (586)-469-5082 BY NO LATER THAN 5:00PM THE LAST DAY OF THE PAY PERIOD.**

**HOST AGENCY NAME:**

**SUPERVISOR SIGNATURE:**

**MW! CASE MANAGER:**

**COMMENTS:**

PLEASE SEE TIMESHEET INSTRUCTIONS ON REVERSE SIDE
# 2017 SCSEP PAY SCHEDULE

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<td>08/18/17</td>
<td>09/01/17</td>
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<tr>
<td>08/19/17-09/01/17</td>
<td>09/01/17</td>
<td>09/15/17</td>
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<td>09/02/17-09/15/17</td>
<td>09/15/17</td>
<td>09/29/17</td>
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<td>09/16/17-09/29/17</td>
<td>09/29/17</td>
<td>10/13/17</td>
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<td>09/30/17-10/13/17</td>
<td>10/13/17</td>
<td>10/27/17</td>
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<td>10/14/17-10/27/17</td>
<td>10/27/17</td>
<td>11/10/17</td>
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<td>10/28/17-11/10/17</td>
<td>11/10/17</td>
<td>11/24/17</td>
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<tr>
<td>11/25/17-12/08/17</td>
<td>12/08/17</td>
<td>12/22/17</td>
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<td>12/09/17-12/22/17</td>
<td>12/22/17</td>
<td>01/05/18</td>
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<tr>
<td>12/23/17-01/07/18</td>
<td>01/07/18</td>
<td>01/19/18</td>
</tr>
</tbody>
</table>

*NOTE: REGARDLESS OF HOLIDAYS THE FAX MACHINE FOR SCSEP IS AVAILABLE 24 - 365

(586) 469-5082
SECTION SIX: Additional Program Information & Policies

General Absences

If absent or plan to be out from regularly scheduled day in training the participant must call the host agency supervisor or designated person to report that they will be absent that day. It is recommended that you also let your SCSEP Career Planner(s) know that you will be absent.

Absences from Assignments

Participants who require a leave of absence acknowledge that:

- They must notify the Career Planner(s) in writing or by telephone in advance of taking leave.
- Their assignment may not be available upon their return and they may need to wait until sufficient resources are available to reassign them to a host agency.
- Their enrollment may be placed on hold for up to 60 calendar days before being separated from the program.
- Typically, make-up time is permitted when the absence was due to circumstances outside the participant’s control, such as inclement weather or host-agency closure.
- When making up hours, the participant should make up the hours within the same pay period.

Host Agency Closings

If a host agency is closed on a day other than a Macomb-St. Clair County Workforce Development Board/Macomb St. Clair Employment and Training Agency-Macomb-St. Clair Counties Michigan Works Agency! SCSEP paid holiday, participants are allowed to make up their time missed during the same or next pay period. If a host agency is closed due to inclement weather or other emergency, and the participant is unable to work at the assignment, the participant will not be paid for regularly scheduled hours for that day but will have the opportunity to make up the time missed during the same pay period.

SCSEP GUIDELINES MANDATE THAT PARTICIPANTS ARE GIVEN AN UNPAID MEAL BREAK OF AT LEAST ½ HOUR WHEN TRAINING HOURS ARE 7 HOURS OR MORE.
Approved Break

To protect the enrollment status of SCSEP participants, participants may temporarily suspend their enrollment by requesting an approved break when they cannot work their SCSEP assignment.

Timing for Approved Breaks

Participants may be put on approved break if they have been unable to work for at least ONE full pay period, or they expect to be unable to work for more than 10 business days.

When An Approved Break Is Appropriate

Approved break may only be used in select circumstances to temporarily suspend the 48-month durational limit clock.

Approved break should **only** be used in the following circumstances:

1. Family/Health
2. Personal
3. Administrative
4. Other (can be waiting on CSA, legal)

Approved break is not authorized for:

- Routine missed days or taking vacation
- Holding a spot for participants who have disappeared or abandoned their assignment is not permissible.
- Participants who have disappeared or abandoned their assignment may be subject to involuntary termination for cause.

A participant has abandoned his or her assignment if the participant has missed five consecutive work days without notice, as long as attempts have been made to contact the participant.

60-Day Time Limit for Most Approved Breaks

Health/Medical or Family Care

- Approved break for health/medical or family care reasons shall not exceed 60 days from the first day missed.
- If the participant has not returned within 60 days, he or she must leave the program to open an opportunity to another applicant.
- If the participant is to be exited for cause, no **30-Day Pending Termination Letter** is required; instead, the participant can be terminated immediately because the participant will have received notice of termination from the 60-day letter sent to the participant when he or she was first placed on approved break. The exit date will be the date after the 60 days have expired.

Termination During an Approved Break

If a participant is on break for one of these reasons and Macomb-St. Clair County Workforce Development Board/Macomb St. Clair Employment and Training Agency-Macomb-St. Clair Counties Michigan Works Agency! SCSEP decides to terminate the participant, he or she must first be placed in “pending termination” status. A **30-Day Pending Termination Letter** must be sent to the participant. The participant will be
terminated from SCSEP no earlier than 30 days after the date the participant is provided with the 30-Day Notice of Termination Letter.

SECTION SEVEN: EVALUATIONS

Host Agency Evaluation of the Participant

Most often (can be sooner if necessary) at the sixth month mark in training, the host agency supervisor will be asked to complete an evaluation of the participant’s work performance to assess strengths and weaknesses. This feedback is critical to enabling the participant to develop skills necessary to get and keep a permanent job.

Participant Evaluation of Host Agency

At the sixth month mark in training, the participant will be asked to review and complete the Individual Employment plan that was written at the initial intake meeting. The participant will also complete an evaluation of the host agency. The purpose of this evaluation is to continue to provide valuable services to our participants and the community. If there is an immediate need to discuss your participation with our program, please contact your Career Planner.

Individual Employment Plan (IEP)

As stated in the Re-Certification Review Section, an IEP is reviewed and updated every six months to review competitive employment goals and objectives that need to be met to assist the participant in meeting the overall goal for employment.

An IEP can be written prior to the six – month review date, specifically if training performance issues have come to the attention of the SCSEP Career Planner. At times a performance improvement plan will be written to assist in correcting the performance issue.
HOST AGENCY EVALUATION OF SCSEP PARTICIPANT

Name of Participant: ___________________  Host Agency Name: ___________________

1. Participant Task / Performance:

<table>
<thead>
<tr>
<th>Training Duties (See Attached Training Description)</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs To Improve</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
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<td>B.</td>
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<td>C.</td>
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<td>D.</td>
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<td>E.</td>
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<td>F.</td>
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</table>

2. General Participant Performance:

<table>
<thead>
<tr>
<th>Soft Skills Evaluation</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs To Improve</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Understanding the job</td>
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<td>B. Initiative</td>
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<tr>
<td>C. Ability to learn new or upgrade old skills</td>
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<tr>
<td>D. Ability to communicate</td>
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<td>E. Ability to work with other staff</td>
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<tr>
<td>F. Provide Customer Service</td>
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<tr>
<td>G. Attendance</td>
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<tr>
<td>H. Dress’s Appropriately for Assignment</td>
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</tbody>
</table>

3. Plan for areas that need improvement:


HOST AGENCY EVALUATION OF SCSEP PARTICIPANT

4. Additional Comments:

5. Participant Comments:

______________________________________________
Host Agency Representative’s Printed Name-Title

Host Agency Representative’s Signature Date

________________________________
Participant’s Signature Printed Name

Participant’s Signature Date

05/16
SCSEP Participant's Evaluation of Host Agency

Participant Name: ___________________________ Host Agency: __________________

1. I believe my performance of the below tasks can be rated as follows:

<table>
<thead>
<tr>
<th>Training Duties (See Attached Training Description)</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Training</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
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<td>A.</td>
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<table>
<thead>
<tr>
<th>Soft Skills Evaluation</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs To Improve</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Orientation to the training site</td>
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<tr>
<td>B. Training received</td>
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<tr>
<td>C. Following Training Assignment</td>
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<tr>
<td>D. Encouraged to try new assignments</td>
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<td>E. Value of Assignment to my IEP goals</td>
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<tr>
<td>F. Day-to-Day Supervision</td>
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<td>G. Cooperation of Staff</td>
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<tr>
<td>H. Encouraged to participate in agency events</td>
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<tr>
<td>I. Working Conditions</td>
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</table>

2. Do the tasks above match the job description or the position description you are assigned in (please see attached job description)? __ Yes __ No

3. What do you like best about your current assignment?

4. What would you change about your current assignment?

5. What additional training are you interested in?

_________________________________________ _________________________
Participant’s Signature Date
This Individual Employment Plan (IEP) is developed by the SCSEP participant and their Career Planner(s) as a way to set goals, identify barriers that may affect the attainment of the participant’s goals, and track the progress toward attaining the goals set by the participant. This document will be updated every six months by the participant and their career planner.

<table>
<thead>
<tr>
<th>GOAL(S):</th>
<th>BARRIER(S):</th>
<th>OBJECTIVE MET</th>
<th>OBJECTIVE CONTINUE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>C.</td>
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</table>

OBJECTIVE(S) TO RESOLVE BARRIER(S): (Must be measurable and an estimated completion date (ECD))

<table>
<thead>
<tr>
<th>A.</th>
<th>NOTES:</th>
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<td>ECD:</td>
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<tr>
<th>B.</th>
<th>REFERRALS:</th>
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<td>211 UNITED WAY CARD</td>
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<table>
<thead>
<tr>
<th>C.</th>
<th>ECD:</th>
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</table>
SECTION EIGHT: Safety & Accident Information

Macomb St. Clair Employment and Training Agency - Macomb - St. Clair Counties Michigan Works Agency! SCSEP holds the safety, welfare and health of its participants in the highest regard. No task is so urgent that it cannot be done safely. By agreeing to supervise participants, host agencies are also agreeing to provide a safety orientation and provide the participant with the proper information, tools and working environment to safely perform their assigned tasks. By enrolling in the program, participants are agreeing to exercise maximum care and good judgment to prevent accidents.

SCSEP Basic Safety Tips

Slips and falls are the most frequent cause of injuries in the workplace, and people working in an office are twice as likely to be injured by falling than people who are working in other types of workplaces. Keeping alert and thinking ahead can help minimize the risk.

Safety Sense

Use basic common sense in your daily comportment around the office. That means:

- Sit upright in your chair, with your feet touching the floor when you’re working at your desk. Before sitting down, look to make sure your chair is beneath you and hasn’t rolled away.
- Look where you’re going whenever you’re walking around the office.
- If you’ve got to carry anything from one place to another, don’t stack things up so high that you can’t see directly in front of you.
- Walk, don’t run.
- Go slow if the floor is wet or otherwise slippery.
- Don’t read while walking.
- Always hold the handrail when using stairs.
- When carrying boxes, use the elevator if available.
- Only open one drawer in a filing cabinet at a time to keep it from tipping over.
- Close desk or file cabinet drawers before walking away so others don’t walk into them.
- Store supplies inside of cabinets or bookcases, and place heavier items in the lower drawers or shelves.
- Immediately wipe up spilled beverages, water tracked in by wet shoes or drippings from umbrellas. Ask a custodian to do the cleaning if you don’t have time to do it yourself.
Safety & Accident Information (cont.)

- Obey your building’s (no) smoking rules, and don’t throw matches, ashes or cigarette butts into regular trash.
- Keep the floors and aisles clear of electrical cords. Use surge protectors and cable ties to manage the wiring.
- Refrain from eating or drinking at a computer station. Spills and crumbs could get into the keyboard and cause malfunctions.
- Don’t touch electrical outlets, plugs nor switches with wet hands.

Report It

Anytime you see something unsafe, report it to your host agency supervisor. Things you might want to point out include sightings of:

- Torn carpet
- Loose tiles
- Wobbly steps or floorboards
- Burned-out lightbulbs
- Broken chairs or desks
- Other defective equipment
- Stray electrical cables or obstructions of walkways
- Possible unauthorized visitors

Emergency Preparedness

Emergencies can happen, and being prepared for them ahead of time is vital. Here’s just a selection of things that can better prepare you for an emergency:

- Have a plan for evacuating the building in the event of a fire or other disaster.
- Know where the nearest emergency exit is along with other locations on your floor.
- The office has fire guards designated on each floor to provide direction as needed.
- Practice with fire drills at least once a year, if not more frequently.
- For evacuations during natural disasters, especially fires, take the stairs instead of an elevator.
- Move away from windows during a tornado or other type of windstorm.
- Similarly, create specific strategies to deal with possible power outages and computer network failures, and office closings.
Being Safe at Work and Training

The safest workplaces are ones in which every single employee knows office safety tips. If your agency doesn’t have a program in place for educating staff about workplace safety, you might want to ask your human resources department about the feasibility of creating one.

Disaster Preparedness

If a participant is displaced from their Host Agency due to a disaster, if no other Host Agency is available the SCSEP Career Planner(s) may temporarily reassign the participant to a Michigan Works! Service Center until the original Host Agency has recovered from the disaster or another appropriate Host Agency assignment has been made.

Incident and Accident Forms

See Pages 37-40 for use in case of an incident or accident at the host agency during scheduled training.
Henry Ford Health Systems

AUTHORIZATION FOR TREATMENT AND BILLING
Worker’s Compensation Injuries or Exposure

Company: Macomb County
Telephone #: (586) 469-6362
Fax #: (586) 469-6795

Address: 10 N. Main Street 4th Floor Mt. Clemens MI 48043
Street City State Zip

Work Comp Carrier: CMI Telephone #: (517) 338-3294 Fax #: (517) 338-5124
Address: P.O. Box 520 Howell MI 48844-0520 Policy Number: WCO 002556
Street City State Zip

Designated Employer Rep: Ben Trepa Telephone #: (586) 469-6539 Fax #: (586) 469-6974

Employee: ______________________ SSN: ______________________
DOB: ______________________

Authorization for:
☐ 885 Exposure - OR - ☐ Care of Injury AND ☐ Brief Description

** NO DRUG/ALCOHOL TESTING **

Authorization by: ______________________
Position or Title: ______________________
Date: ______________________

CONSENT TO TREAT AND AUTHORIZATION TO RELEASE INFORMATION
I hereby give consent to Henry Ford Health System and the attending physician for examination and treatment and authorize release of information pertaining to this specific or physical examination to my employer or employer’s insurer.

EMPLOYEE SIGNATURE DATE

Clinic Hours
• Monday-Friday 8 A.M to 10 P.M • Weekends & Holidays 10 A.M. to 6 P.M •

Henry Ford Health Center- Bruce Township
80650 Van Dyke, just north of 37 Mile Road
Romeo, MI 48065
(810) 798-6411

Henry Ford Health Center- Fraser
15717 15 Mile Road, just west of Utica Road
Clinton Township, MI 48035
(586) 285-3970

Henry Ford Health Center- Chesterfield
30795 23 Mile Road, ½ mile east of I-94
Chesterfield Township, MI 48047
(586) 421-3052

Henry Ford Macomb Urgent Care
Located in Shelby Macomb Medical Mall
50505 Schoenherr, Suite 160, south of 23 mile
Shelby Township, MI 48315
(586) 323-4700
Employee Incident Report Form

FORM MUST BE COMPLETELY FILLED OUT

**Form should be filled out by injured employee. If injured employee is unable to fill out form within specified time period, the immediate supervisor should fill it out to the best of his/her ability. Please use your discretion.**

☐ Check box if completing form FOR injured employee

Section 1: EMPLOYEE INFORMATION

Employee Name: ___________________________ Date of Birth: ________________

Home Address: ___________________________ Telephone Number: ___________________________

Job Title: ___________________________ Department: ___________________________ Employee ID #: ___________________________

Check All That Applies:  Full Time ☐ Part Time ☐ Temporary ☐ Contract Employee ☐

Section 2: INCIDENT INFORMATION

Incident Date: ________________ Time of Incident: ___________ am/pm Time Shift Began: ___________ am/pm

Incident Reported to: ___________________________ Date/Time Incident Reported: ________________

Part of Body Injured (specific): ___________________________

Type of Accident:

☐ Slip/Trip/Fall ☐ Extreme Temperature ☐ Repetitive Motion ☐ Material Handling

☐ Cuts/Sharps ☐ Striking an Object ☐ Abrasion/Bruse ☐ Blood Borne Exposure

☐ Other: ___________________________

Injured on County Property: ☐ Yes ☐ No (Specify Address) ___________________________

Incident Location (i.e. lobby, hallway, etc.): ___________________________

Action Taken: ☐ First Aid ☐ Employer Clinic ☐ Hospital (Specify) ___________________________

# of Employees Involved: ___________________________ # Injured/Ill: ___________________________ # Fatalities: ___________________________

How Did the Incident Occur. List safety equipment in use (if any) and specifics as to how the injury occurred. Attach photos, sketches, and/or second page if necessary:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
# SECTION 3: WITNESS INFORMATION (If, any)
Witnesses (Name & Phone Number):

# WITNESS (If Any) Please Fill Out Supplemental Witness Form

# Section 4: CORRECTIVE ACTIONS (To be filled out by immediate supervisor)

What Action Can Be Taken to Prevent Incident Reoccurrence?
- [ ] Equipment/Machinery Modification or Maintenance
- [ ] Improve Personal Protection
- [ ] Improve Design/Construction
- [ ] Enhance Training and Instruction
- [ ] Change to Work Procedure
- [ ] Use of Safer Material
- [ ] Improve Housekeeping
- [ ] Re-Training
- [ ] Improve Work Organization
- [ ] Other:

Specify Measures Already Taken:

Comments:

# Section 5: SIGNATURES

Name of Immediate Supervisor (Printed): __________________________ Phone #: __________________________
Signature of Immediate Supervisor: __________________________ Date: __________________________
Name of Department Head: __________________________ Phone #: __________________________
Signature of Department Head: __________________________ Date: __________________________

### AUTHORIZATION FOR PATIENT RECORDS

I, the undersigned, do hereby authorize by my signature on this injury and illness report, any hospital, physician, or other person who has attended me or examined me regarding the injury/illness described above to furnish the County of Macomb, or its representative any and all information with respect to this injury/illness and medical history, consultation, prescription, or treatment, and copies of all hospital or medical records of prior injuries/illnesses similar to this one. A photostatic copy of this Authorization shall be considered as effective and valid as the original.

Signature of Employee: __________________________ Date: __________________________

# Return this form to Human Resources & Labor Relations (4th Floor-County Building) and Fax Copy to Risk Management (586)469-7902

This form must be returned IMMEDIATELY after completion or within 24 hours of the Incident/Injury/Illness.
Employee Incident-Witness Form

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE

Section 1: WITNESS INFORMATION

Witness Name: _________________________________

Do you work for Macomb County? □ Yes (Specify Department) ___________________________ □ No

Section 2: INCIDENT INFORMATION

I (WAS or WAS NOT) in the near vicinity of the incident when it happened. If near vicinity, list names of those persons you actually saw in the vicinity at the time of the occurrence.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

If you were not in the area when the incident occurred, but in another pertinent area, please give your location and the names of persons you saw, or believe were present, in your area.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Are you the supervisor of the injured employee? □ Yes □ No

Give a factual statement of your actions and observations, before, during, and following the incident. Be as specific as possible.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Section 3: SIGNATURES

Witness Name (Printed): _________________________________

Witness Signature: _________________________________ Date: __________

Witness Phone Number: _________________________________
SECTION NINE: SCSEP POLICIES

JOB SEARCH POLICY

Participants in the Senior Community Service Employment Program (SCSEP) are required to apply for at least 3 jobs per week and attend 1 employment workshop and 1 self-improvement workshop for a total of 2 workshops/seminars per month while enrolled. Local regulations require a record of the jobs you have applied for and the workshop you’ve attended. You will be provided a Job Search Log to track your job seeking and workshop attendance. Failure to provide completed Job Search Logs once per month could result in termination from the SCSEP program.

A participant will be given an opportunity to correct his or her failure to comply with the Job Search Requirements. At any point, if a participant makes positive efforts or the participant’s lack of action is justified, corrective action will be discontinued. The following steps for corrective action will be taken:

Step 1: First Formal Warning
If a participant refuses to comply with the Job Search Requirements, the participant will be given a verbal warning and counseled to correct his or her actions. Absent extenuating circumstances, the participant will be informed in writing of the requirement to correct his or her behavior or conduct.

Step 2: Second Formal Warning
When a participant for a second time refuses to comply with the Job Search Requirements, the participant will be verbally warned and counseled to correct his or her actions. Absent extenuating circumstances, the participant will receive written notification that he or she has 30 days from the date of the notice to correct his or her behavior or conduct. The written notification will state that failure to complete the Job Search Requirements will result in termination.

Step 3: Final Warning
When a participant does not make improvement in his or her job seeking efforts, for a third time, in a 12 month period, a letter will be sent notifying the participant that he or she will be placed on a 30 day administrative leave, without pay. During this 30 day period the participant has the right to utilize the Grievance Procedure set forth by the Macomb/St. Clair Workforce Development Board.

I understand that I must adhere to the requirements of the Senior Community Service Employment Program Job Search Policy or risk termination from the Senior Community Service Employment Program.
NAME: Jane Doe
BIRTH MONTH & DAY: 0101

You are required to complete 3 job searches per week

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<tr>
<th>WEEK 1/</th>
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<tr>
<td>JC Penny</td>
<td>Oakland Psychological Clinic, P.C.</td>
<td>David Brazen</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>31510 Gratiot Ave, Roseville, MI 48066</td>
<td>Fax (586) 294-0805</td>
<td><a href="mailto:stacie.a.cartagena@ampf.com">stacie.a.cartagena@ampf.com</a></td>
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<tr>
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<tr>
<td>Henry Henderson (586) 778-7000</td>
<td><a href="mailto:eyecare4vision@sbcglobal.net">eyecare4vision@sbcglobal.net</a></td>
<td>Fax (586) 783-5302</td>
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<td>Hotzcatering Service, Inc.</td>
<td>Safe Arrival Transportation</td>
<td>Macomb Family Services Clinton Twp., MI</td>
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<tr>
<td>20752 Ryan Rd, Warren, MI 48092</td>
<td>Keona Williams Phone: (586) 779-7233 Ext. 4</td>
<td>Indeed.com</td>
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<td>St. John Providence Hospital</td>
<td>Meijer’s Shelby Twp., MI</td>
<td>East Detroit High School</td>
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<tr>
<td>Human Resources (313) 343-4000</td>
<td>Fax (586) 331-5000</td>
<td>Human Resources (586) 777-3310</td>
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(1) EMPLOYMENT & (1) SELF IMPROVEMENT SEMINAR
You are required to attend at least 2 seminars per month.

| DATE: Jan. 5, 2017 | DATE: Jan. 18, 2017 |
| SEMINAR: Interviewing Workshop | SEMINAR: Warning Signs of Breast Cancer |
| LOCATION: Mount Clemens – MI Works | LOCATION: Henry Ford Hospital – Clinton Twp. |

PLEASE FAX TO (586) 469-5082 – ATTENTION SCSEP AT THE END OF EACH MONTH
SCSEP
MONTHLY JOB SEARCH & SELF IMPROVEMENT SEMINAR LOG

For Month Of: ____________________

NAME: ____________________________ BIRTH MONTH & DAY ____________________
(Please Print) (Example: 0101)

You are required to complete 3 job searches per week

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<tr>
<th>WEEK 1/</th>
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Position: ____________________________

(1) EMPLOYMENT & (1) SELF IMPROVEMENT SEMINAR
You are required to attend at least 2 seminars per month.

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<td>SEMINAR:</td>
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<td>LOCATION:</td>
<td>LOCATION</td>
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PLEASE FAX TO (586) 469-5082 – ATTENTION SCSEP AT THE END OF EACH MONTH
Involuntary Termination Policy

The Aging and Adult Services Agency (AASA), Michigan Department of Health and Human Services proposes to allow sub-grantees, which desire to do so, to involuntarily terminate participants of the Senior Community Service Employment Program (SCSEP) for six reasons as detailed in the Older Americans Act of 2006 and the SCSEP Final Rules of September 1, 2010. Such terminations shall be subject to the applicable appeal rights and procedures as described in Section 641.580 of the Code of Federal Regulations for the SCSEP. AASA will provide technical assistance and training as necessary to all sub-grantee staff on the Involuntary Termination Policy prior to utilizing this option.

Except as noted below in cases of serious violations, participants will receive progressive discipline, and an opportunity for corrective action, before a formal termination notice is issued. In all cases, participants will receive a 30-day notice of termination letter informing them of their exit date, reason for termination, and the right to appeal under the AASA grievance procedures. A copy of the grievance procedure will be attached to the termination letter. Participants will receive both a copy and a verbal explanation of the AASA Involuntary Termination Policy during their orientation. This policy is based upon the Older Americans Act Amendments of 2006, as well as the Final Code of Federal Regulations for the SCSEP effective October 1, 2010.

Types of Involuntary Terminations

A participant in the SCSEP may be involuntarily terminated for the following:

1. **Knowingliy providing false information in the eligibility process.**
   A participant may be terminated for fraudulent actions, such as intentionally providing inaccurate information to be deemed eligible for the SCSEP. Should such action occur, the participant will be placed on leave without pay immediately, and a 30-day notice of termination will be sent.

2. **Incorrect determination of eligibility.**
   A participant will be terminated if found ineligible for participation in the SCSEP either after enrollment or after recertification through no fault of the participant. A participant may be enrolled or deemed eligible for continued enrollment based on an error in determining program eligibility, i.e. program income recorded or calculated incorrectly. When such action occurs, the participant will be notified regarding the error and sent a 30-day notice of termination. The participant will be able to continue participating in the SCSEP until the exit date as noted in the letter.

3. **No longer meeting the eligibility criteria.**
   Annually, or more frequently should there be substantial changes in circumstances, each participant is recertified for SCSEP participation to determine whether he or she continues to be eligible. During the recertification process, a participant may be determined ineligible for the SCSEP due to a change in the eligibility criteria such as income, family of one due to change in disability status, employment status, and number in household. The participant will be notified and immediately sent a 30-day notice of termination letter. The participant will be able to continue participating in the SCSEP until the exit date as noted in the letter.

4. **Reaching the 48-month maximum participation limit.**
   Once a participant reaches their 48-month maximum duration of enrollment, they will be terminated from the SCSEP. AASA’s SCSEP grantee policy for duration of enrollment states that no extension will be granted for participants who reach their 48 months duration of enrollment in the program. Participants will be notified in writing six months prior to their durational limit that the date is coming and a transition plan will be developed with the participant. The participant will also receive 30 day written notice of the date of termination.
5. **Becoming employed during enrollment.**
To qualify for enrollment in the SCSEP, a participant must be unemployed. All participants are informed at enrollment that they may not be employed while participating in the SCSEP, and must notify their SCSEP staff immediately upon becoming employed. A participant who is found to be employed while enrolled in the SCSEP without having notified AASA’s SCSEP sub-grantee program staff of their employment will be terminated from the program. When such action occurs, the participant will be placed on leave without pay immediately, and a 30-day notice of termination letter will be sent.

6. **Termination for cause, which includes refusing to accept a reasonable number of job offers or referrals for unsubsidized employment, based upon the Individual Employment Plan (IEP), with no extenuating circumstances, which would cause a participant from transitioning to unsubsidized employment.**
There are several reasons for terminating participants “for cause”. When warranted, a participant may be terminated for specific behaviors and/or conduct. The following are specifics instances; however, other similar behaviors which demonstrate willful misconduct or an intentional disregard of program rules may cause involuntary termination:

*MSCWBD has determined that three (3) attempts to place a participant at a Host Agency is a reasonable number of attempts for a training assignment or a transition to a new Host Agency. Three (3) refusals by a participant to accept a new Host Agency assignment, three (3) Host Agency refusals to accept a participant, or a combination of the two situations, is grounds for termination for cause (without extenuating circumstances) within the perimeters of item #6 termination for cause.

*Additionally, MSCWBD determines that if three (3) Host Agencies and/or three (3) Host Agency supervisors request/require the removal of a participant due to unacceptable performance issues, this will be ground for termination for cause (with no extenuating circumstances) within the perimeters of item #6 termination for cause.

   a. **Individual Employment Plan (IEP) related reasons:** Refusing to accept at reasonable number of job offers or referrals to unsubsidized employment or for not complying with the steps outlined in the IEP. A participant may be subject to disciplinary actions up to and including termination when he or she refuses a total of three job offers and/or referrals to job openings and/or to follow through with objectives to achieve goals that are based on the IEP. If a participant fails, without good cause, to cooperate fully with AASA SCSEP sub-grantee staff to accomplish the goals of his or her IEP service strategy, an IEP related termination for cause may be in order. Examples of lack of cooperation with AASA SCSEP sub-grantee staff to accomplish IEP service strategies may include but are not limited to the following when provided for in the participants IEP:

   • Refusal to job search.
   • Refusal to cooperate with the development of an IEP.
   • Sabotaging a job interview, such as a participant telling the interviewer that he or she is not interested in the job, tells interviewer they are not qualified, or that they cannot start when the Host Agency would like them to start.
   • Refusing to transfer to a new community service training assignment.
   • Refusing or not participating fully in training opportunities.
   • Refusing to register on the Pure Michigan Talent Connect.
   • Refusing to take advantage of WIOA or other grant funded training opportunities.
   • Refusing to accept or lack of follow through in obtaining supportive services which will enhance the participant’s ability to participate in a community service assignment consistent with the IEP
   • Refusing to cooperate with other IEP related referrals.
Examples of lack of cooperation with AASA SCSEP sub-grantee staff to accomplish IEP service strategies may include but are not limited to the following when provided for in the participants IEP:

b. Non-IEP related reasons:
- Refusal to cooperate in establishing eligibility or recertifying eligibility such as refusing to provide required documentation to determine continued eligibility or refusing to attend or be available for the recertification appointment.
- Failure or refusal to perform community service assignment duties, i.e. without good cause to perform assignments which are part of the training description and required to increase skills and knowledge.
- Falsification of official records, such as timesheets or other official documents, including hours on a timesheet that are not accurate.
  - Intentional disclosure of confidential or private information obtained from the host agency, grantee, or sub-grantee, such as informing others of information that is supposed to be kept private or confidential.
- Frequent tardiness or unauthorized absences, including reporting to the assignment late or not reporting to the assignment and not informing the supervisor. Three absences without good cause or without proper notice will warrant termination.
- Insubordination, as defined by intentionally refusing to carry out the direction or Instructions of a host agency supervisor or AASA SCSEP sub-grantee staff, provided there were no extenuating circumstances and the directions or instructions were reasonable.
- Workplace harassment or discrimination on the basis of sex, gender identification, race, color, religion, national origin, age, marital status, or disability.
- Obscene, abusive, harassing, or threatening language or behavior.
- Physical violence or intentional destruction of property, such as being violent or threatening to or carrying out threats that physically harm individuals or property.
- Theft, meaning illegally taking or withholding the property of another without permission.
- Causing an imminent threat to health or safety of self or others.
- Non-compliance with drug and alcohol free policy, which prohibits participants from consuming, selling, purchasing, manufacturing, distributing, possessing or using any illegal or non-prescribed drugs or from being under the influence of alcohol and or drugs while performing their host agency assignment or while carry out objectives required by the IEP. Legally prescribed medications are excluded if they do not affect the participant’s ability to perform his or her duties or protect the safety of the participant or others.
- Exceeding approved leave without pay by failing to return from an approved break by the required date without due notice of good cause.

For Cause Terminations that Require Immediate Removal from Host Agency and Leave Without Pay Pending Termination
When a participant’s violation of the AASA SCSEP grantee policy is of a serious nature, immediate action to remove the participant from the host agency may be required. In this instance, the participant will be placed on leave without pay and a written 30-day notice of termination letter will be sent. Examples of circumstances warranting immediate removal from the host agency and leave with pay include but are not limited to:
- Gross misconduct such as violating the AASA SCSEP grantee drug and alcohol policy or intentionally endangering the lives of themselves or others.
• Violence, including but not limited to physical or verbal violence at the training site.

• Willful destruction of AASA SCSEP grantee, sub-grantee, or host agency property.
• Theft of AASA SCSEP grantee, sub-grantee, or host agency property.

**Participant Corrective Action and Warning**

A participant will be given an opportunity to correct his or her behavior or conduct, or their failure to comply with the IEP requirements, except in cases involving serious harm or imminent threat to health, safety, property, etc. At any point, if a participant makes positive efforts or the participant’s lack of action is justified, corrective action will be discontinued. The following steps for correction action will be taken:

**Step 1:  First Formal Warning**

If a participant displays behavior or conduct outlined in the reasons for “for cause” terminations or refuses to comply with the IEP requirements, the participant will be given a verbal warning and counseled to correct his or her actions. Absent extenuating circumstances, the participant will be verbally informed of the requirement to correct his or her behavior or conduct. This warning will be documented in case notes.

**Step 2:  Second Formal Warning**

When a participant for a second time displays behaviors or conduct outlined in the reasons for “for cause” terminations or refuses to comply with the IEP requirements, the participant will be verbally warned and counseled to correct his or her actions. Absent extenuating circumstances, the participant will receive written notification that he or she has 30 days from the date of the notice to correct their behavior or conduct. In the case of an IEP violation, the participant may be directed to complete specific IEP related tasks. The written notification will include a statement that failure to make improvement or complete the IEP related tasks will result in termination. This verbal and written warning will be documented in case notes.

**Step 3:  Termination**

When a participant does not make improvement in his or her actions OR, for third time, displays behavior or conduct outlined in the reasons for “for cause” terminations, the participant will be verbally notified and a letter will be sent notifying the participant that he or she will be exited in 30 days from the date of the letter. This action will be documented in case notes.

**Participant Right to File a Grievance**

Participants always have the right to appeal any corrective action or termination using M/SCWDB grievance procedure (found in the Participant Handbook). The participant also has the right to appeal the M/SCWDB’s decision with the AASA.
SCSEP GRIEVANCE PROCEDURE

The Macomb/St. Clair Workforce Development Board maintains a formal grievance procedure to receive, investigate and resolve grievances and to conduct hearings in order to settle disputes arising out of programs with funding received from the Aging and Adult Services Agency, Michigan Department of Health and Human Services.

Grievances can be brought by any individual or organization including, but not limited to, program participants, contractors, one-stop partners, applicants seeking participation or financial assistance, labor unions and community-based organizations; or from administrative staff of the Macomb/St. Clair Workforce Development Board.

Where the alleged violation of the funding source or regulation is also an alleged violation of another law, regulation or agreement, nothing in this grievance procedure shall preclude an individual or an organization from filing a grievance under such other law or agreement with respect to the cause of action; as well as filing a grievance under the provisions herein.

In the case of participants who are receiving services under funding sources received from the Aging and Adult Services Agency, every individual prior to entering employment or training is informed of his/her rights and benefits in connection with same. Each participant receives a written grievance procedure including a notification of their right to file a grievance and how to do so. Every employer of training participants will notify their participants of the scope and availability of procedures for grievances relating to terms and conditions of employment. An employer grievance system shall provide for, upon request by the grievant, a review of an employer’s decision by the Macomb/St. Clair Workforce Development Board.

The identity of any person who has furnished information relating to, or assisting in, an investigation of a possible violation of the funding source shall be kept confidential to the extent possible, consistent with the fair determination of the issues.

**INFORMAL**

**Step 1:** Any individual having a grievance alleging a violation of Macomb/St. Clair Workforce Development Board funded programs, regulations, grants or other agreements, should first attempt to resolve the issue with his/her immediate supervisor. Training participants should discuss the matter at their training facility if the training site is the involved party. Participants involved in on-the-job experience programs should first seek resolve with his/her employer.

**Step 2:** If resolution of the grievance is not accomplished at Step 1, the grievant should next attempt a resolution with the appropriate Coordinator for the Macomb/St. Clair Workforce Development Board. Contact (586) 469-5220 for the name of this person.

**FORMAL**

**Step 3:** If satisfactory disposition cannot be agreed upon at Step 2, a formal, written grievance can be filed with the Executive Director of the Macomb/St. Clair Workforce Development Board.

A. All grievances related to programs funded by the Aging and Adult Services Agency are required to be filed within one year of the date of the alleged occurrence.

B. All grievances shall be in writing and contain, to the extent practicable, the following information:

1) The full name, address, and telephone number of the party/parties filing the grievance.
2) The full name and address of the party against whom the grievance is made, or other information sufficient to identify the party against whom the grievance is made.

3) A clear and concise statement of the facts, as alleged, including the pertinent dates, constituting the alleged violation.

4) The provision of the act, regulations, grant, contract, or other agreements under the act believed to have been violated; and

5) The relief requested.

C. If informal resolution is not mutually agreed upon, the grievant may request a hearing.

1) A hearing on any grievance shall be conducted within 30 calendar days of filing a grievance, and a decision must be rendered no later than 60 calendar days from the date the grievance was filed.

2) A hearing is not required at this step if the grievance can be resolved without one. If a hearing is to be conducted, the grievant party against whom the grievance is made will be provided written notice of the date, time, and place of the hearing on the matter and of the opportunity to present evidence, including witnesses. The notice of the hearing shall indicate the nature of the violations, which the hearing covers. Notice shall be given not less than ten calendar days prior to the hearing on the matter.

D. A written decision shall be issued by the Macomb/St. Clair Workforce Development Board and shall include the following information:

1) Date, time, and place of hearing (if held);

2) Names and addresses of all witnesses called by the parties;

3) Name and address of the grievant;

4) Name and address of the party against whom the grievance is made

5) Information sufficient to identify all evidence presented;

6) A reiteration of the issues raised;

7) A determination of the facts;

8) An analysis of the issues as they relate to the facts;

9) A decision addressing each issue; and

10) If a response to the grievance is not received within the time prescribed, or should either party be dissatisfied with a decision, there is a right to an appeal to the Aging and Adult Services Agency.

E. The grievance may be dismissed if it is judged the grievant fails to state a cause of action for which relief can be granted or if the grievant requests dismissal of the complaint. The Macomb/St. Clair Workforce Development Board will inform the grievant in writing of the reason(s) the grievance was dismissed. The notification will include the right of appeal to the Aging and Adult Services Agency.
Macomb/St. Clair Workforce Development Board Sexual Harassment Policy

The Macomb/ St. Clair Workforce Development Board affirms a personal and official commitment to an Equal Employment Opportunity Program which prohibits discrimination on the basis of sex. This policy applies to all programs administered by the Macomb/ St. Clair Workforce Development Board and its subcontractors.

Note: The Macomb/St. Clair Workforce Development Board has adopted the Macomb County Board of Commissioners policy on Sexual Harassment as approved on March 23, 1989. The policy is as follows:

Whereas, the Macomb/St. Clair Workforce Development Board has in the past and continues to advocate the rights of all persons and in particular, its employees, to be free from discrimination because of race, color, religion, sex, national origin, marital status, age, political affiliation, handicapped condition or any other legally protected status, and

Whereas employees of the Macomb/St. Clair Workforce Development Board and its service providers must be free of discrimination and harassment and must have a viable means by which to have claims of discrimination and harassment heard,

Now therefore, the Macomb/St. Clair Workforce Development Board adopts the following policy:

A. No employee, supervisor of the Macomb/St. Clair Workforce Development Board or its service providers shall discriminate or harass any employee, or customer, because of said employee’s, or customer’s, race, color, religion, sex, national origin, marital status, age, political affiliation, handicapped condition, or other legally protected status.

B. That any form of discrimination and/or sexual harassment will be deemed to be a violation of this policy.

C. Discrimination because of sex includes sexual harassment which includes but is not limited to unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature when:

1. Submission to such conduct or communication is made a term or condition either explicitly or implicitly to obtain or continue employment.
2. Submission to or rejection of such conduct or communication is used as a factor in decisions affecting employment.
3. Such conduct or communication has the purpose or effect of substantially interfering with an individual’s employment, or creating an intimidating, hostile or offensive working environment.

D. Any employee, or customer, who believes he/she has been discriminated against in violation of this policy, and in particular, believes he/she has been subjected to sexual harassment, shall report said incident either in writing or in person to their immediate supervisor or department head or the Executive Director of the Macomb/St. Clair Workforce Development Board.

E. The person to whom the complaint is initially reported shall immediately conduct a preliminary investigation and report the findings to the Executive Director of the Macomb/St. Clair Workforce Development Board forthwith.

F. The Executive Director of the Workforce Development Board shall immediately investigate the complaint fully and completely.

G. If the Executive Director of the Macomb/St. Clair Workforce Development Board shall conclude that improper conduct occurred, proper discipline will be imposed in accordance with appropriate Macomb/St. Clair Workforce Development Board practices and shall include all forms of discipline up to and including discharge of employee or removal of the service provider.

H. A person against whom a compliant of discrimination or sexual harassment has been made shall be entitled to exercise any and all rights as may be provided by an applicable grievance procedure, the U.S. and State Constitution and Federal and State law.

I. A copy of this policy will be distributed to each employee and customer. All new employees or customers shall be provided a written copy of this policy when hired or registered for services.

J. Any persons having questions regarding the meaning, implementation or effect of this policy may direct inquiries regarding same to the Executive Director of the Macomb/St. Clair Workforce Development Board.
SECTION TEN: Additional Program Information & Policies

Workplace Drug Policy

As a condition of continued SCSEP enrollment, participants may not use, be under the influence of, distribute, dispense, possess or manufacture drugs or alcohol during paid working or meeting hours on Macomb-St. Clair County Workforce Development Board/Macomb St. Clair Employment and Training Agency-Macomb-St. Clair Counties Michigan Works Agency! SCSEP or host agency property.

Note: Any violation of this policy may result in disciplinary action, including termination of enrollment.

- Any violation of this policy must be reported to the SCSEP office or Career Planner(s) immediately.
- Legally prescribed medications are permitted as long as use does not adversely affect performance of duties, participant safety or the safety of others.
- Participants who are convicted of - or plead guilty to- federal, state or local drug crimes that occurred during work assignment hours on host agency or SCSEP property must notify the Career Planner(s) within five (5) calendar days of the verdict or sentencing, whichever is earlier.
- Convictions must be reported to the federal government.

Workplace Weapons Policy

It is against Macomb-St. Clair County Workforce Development Board/Macomb St. Clair Employment and Training Agency-Macomb-St. Clair Counties Michigan Works Agency! SCSEP policy to possess any weapon at any time during work hours, whether at the SCSEP office or career planner, meeting location or host agency.

Note: Any violation of this policy can result in disciplinary action, including termination of enrollment.

- “Weapon” includes but is not limited to any firearm of any caliber or size, and any knife with a blade exceeding 2-1/2 inches.
- If any participant is observed carrying a weapon in the workplace, it must be reported immediately to the host agency supervisor, local law enforcement authorities and the career planner.

Durational Limits

Under U.S. Department of Labor regulations, the maximum time limit for SCSEP enrollment is 48 months from the date of the individual’s formal enrollment in the program.

No participants can be given an extension beyond the 48-month time limit for SCSEP participation.

In addition, under Macomb-St. Clair County Workforce Development Board/Macomb St. Clair Employment and Training Agency-Macomb-St. Clair Counties Michigan Works Agency! SCSEP policy, no participant can spend more than a total of 27 months on assignments without an approved waiver.

It is our goal to transition SCSEP participants into permanent employment in 24 months or less.
THE ULTIMATE GOAL OF SCSEP

Successful Exits To Employment

We’ve shared numerous times that the SCSEP is a tool to use as a gateway to regular unsubsidized employment.

When an enrollee becomes employed in an unsubsidized employment opportunity the enrollee will alert the SCSEP Career Planner(s) immediately. The following detailed information will be collected about that opportunity:

*What company are going to work for, when do you start, what is your title, what are your wages, is the position full time or part time and are there fringe benefits?*

You will also be provided support in the form of “follow - up” for one year after the date of exit to unsubsidized employment.

Follow up occurs in the form of telephone calls, letters and emails. The inquiry that is made is related to your employment.

1. Are you still working
2. Are you still earning the wage previously reported
3. Has your title changed
4. Have you hours increased
5. Are there benefits

   Follow Up Occurs every 30 days, special attention is paid on the quarterly dates of:

   **January 01 - April 01 - July 01 - October 01**

Another feature of follow up is that if you become unemployed, we can assist you with career services. It important to communicate the with the SCSEP Career Planner(s) about your employment needs.

It is important to participate in the follow up process as your reported success assists in allowing the program to continue to receive the funding.
SCSEP DEFINITIONS:

Enrollee or (Participant) – commonly referred to as “participant”; an individual who is eligible for the SCSEP, has been enrolled and is receiving services.

Host Agency or (Consumer Service Agency - CSA) – a public agency or a private nonprofit organization exempt from taxation under the provisions of section 501(c)(3) of the Internal Revenue Code of 1986, other than a political party, which provides a work site and supervision for one or more participants. A host agency may be a religious organization as long as the projects do not involve the construction, operation, or maintenance of any facility used or to be used for religious instruction or worship.

Individual Employment Plan (IEP) – a plan for a participant that includes an employment goal, achievement of objectives, and appropriate sequence of services for the participant based on an assessment conducted by the SCSEP case manager and jointly agreed upon by the participant. This document may also be referred to as an Individual Service Strategy (ISS).

In Kind Match – time and services donated to the SCSEP by the host agency. A dollar value is assigned to the donated time or services. Time or services can include transportation, supplies or equipment, such as computers and software, and host agency staff that dedicate their time training to the participant.

Placement into Public or Private Unsubsidized Employment – full or part-time paid employment in the public or private sector job.

SCSEP – the Senior Community Service Employment Program authorized under Title V of the Older Americans Act.


Worksite Agreement – a signed document between Macomb/St. Clair Workforce Development Board and a host agency that outlines the responsibilities of each.