cDEPARTMENT OF LABOR
Senior Community Service Employment Program (SCSEP)

ENROLLEE TASK DESCRIPTION

(A "Task Description" must be completed on each enrollee and must be updated whenever there is a change in the task performed or the hours worked.)

SPONSORING AGENCY NAME: _____

PROJECT NUMBER: _____ DATE COMPLETED: _____

ENROLLEE NAME:_____

IN DETATIL, WHAT TASKS DOES THE ENROLLEE PERFORM?
(Start with the task the enrollee performs the most often each day.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

WHAT WORK TITLE WILL THIS POSITION BE CALLED? (i.e. clerk-typist, librarian, cook, etc.)

_____

DETAIL SPECIFIC TRAINING TO BE OFFERED TO THIS ENROLLEE BY THE AGENCY:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

ENROLLEE DAILY WORK SCHDULE

Please indicate the from/to times worked in addition to the total number of hours and days per week the enrollee will work, up to the maximum allowable of hours per week.

An enrollee is only covered by Workers Compensation while on the job within the hours designated below. (Use whole hours only – not fractions thereof).

		Monday
EXAMPLE:	from/to hours	9 am/1pm
	from/to hours	2 pm/6pm
	total hours	8

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
from/to	_____	_____	_____	_____	_____	_____	_____
from/to	_____	_____	_____	_____	_____	_____	_____
total hrs	_____	_____	_____	_____	_____	_____	_____

SCSEP pays the following ten (10) holidays – only if it is a regularly scheduled workday:

New Year's Day	Memorial Day	July 4th	July 21st	Labor Day
All Soul's Day	Veteran's Day	Thanksgiving Day	Our Lady of Camarin	Christmas Day

ADDRESS OF WORKSITE WHERE ENROLLEE WILL BE ASSIGNED:
        NOTE: Address may be different than sponsoring agency address.

_____   _____
NAME OF WORKSITE   STREET ADDRESS

_____   _____
NAME OF IMMEDIATE SUPERVISOR   CITY, STATE   ZIP

_____   _____
POSITION WITH AGENCY   PHONE NUMBER (include area code)

NUMBER OF HOURS PER WEEK TO BE SPENT WITH ENROLLEE: _____

■■

I certify that I understand and was told of the policies and procedures during the employee orientation.

_____   _____
AUTHORIZED AGENCY OFFICIAL   IMMEDIATE SUPEVISOR

■■

_____   _____
ENROLEE SIGNATURE   ENROLLEE SOCIAL SECURITY NO.

DATE PREPARED: _____   Approved by: _____
                                                       Authorized Signature