

**SUBSIDIZED EMPLOYMENT PROGRAM
EMPLOYER INFORMATION SHEET**

RWB Name:

Employer Name and Address:

Primary Contact/Title: _____ Email _____

Telephone Number: _____ Fax Number: _____

Is your Organization: Private For-Profit Non-Profit Public

How many and what type of positions are available for this project?

Number of Positions	Position Title and Job Description	Wage Rate	Hours/Week	Number of Weeks

NOTE: (Add additional positions on a separate sheet)

Scheduled date for when subsidized jobs will begin:

Commitment to Retain Employee after Subsidization Period: Yes No

Employer of Record:

A completed Budget Sheet is attached: Yes No

A completed project budget sheet is attached to this application. The undersigned, acting on behalf of the employer, agrees to commit the amount of funding indicated on the budget sheet that the employer must contribute, and agrees to provide all necessary supervision and training for the subsidized employees. The employer understands that a subsidized employment position cannot be created if another person is on layoff from the same or any substantially equivalent job, which means that the individual laid off has an expectation to be recalled to that job within a six month period. The employer also understands that the employer cannot terminate the employment of any regular employee or caused an involuntary reduction in its work force in order to fill the vacancy with a subsidized worker.

The signature of the RWB representative attests that the application has been reviewed by the regional workforce board and determined eligible for funding consideration.

(Signature) Name and Title of Employer Representative

Date

(Signature) Name and Title of Regional Workforce Board Representative

Date

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.