PROJECT SKILLS CHECKLIST

- **NON-PERMANENT PAYROLL FORM** (see detailed instructions on the next page)
  - **Section A** – completed by the project skills employee.
  - **Section B** – completed by the rehabilitation counselor.
  - **Employee Acknowledgement** (on back) – completed by project skills employee.

- **I-9 EMPLOYMENT ELIGIBILITY VERIFICATION**
  - **Section 1** – the employee is responsible for completing on or before his/her first day of employment.
    ✓ In addition to signing and dating the I-9 form the employee should also mark one of the boxes in the Preparer/Translator Certification section.
  - **Section 2** – the individual that witnesses the original identification documents completes this section and is responsible for ensuring completion of the entire form. **The form must be turned into BHR no later than the first day of employment to allow them time to process.**
    ✓ Please refer to this video (https://www.youtube.com/watch?v=lss7wtt6zrw) for instructions on how to complete the I-9 form.
  - Only original documents (an actual document issued by the issuing authority) are satisfactory, with the single exception of a certified photocopy of a birth certificate.
  - BHR requires a copy of the social security card to add the employee to payroll. This will also work for a List C document on the I-9 form.

- **4 EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE VERIFICATION**
  - Please review this form to ensure that everything has been completed.
    ✓ Step 1 and step 5 must be completed.
    ✓ Steps 2-4 should only be completed if applicable.
    ✓ If an employee wishes to claim exempt, “exempt” should be written in Step 4 below section (c). In this case, there should not be any extra withholding in box 4(c).
    ✓ EXEMPT forms must be mailed to BHR, cannot be sent electronically and filled out annually.
  - This form needs to have the correct year in the upper right-hand corner.
  - The employee’s name on the form should be the same as the name on the Social Security card.
  - If there are any mark outs on the form, the employee will need to complete a new form.

- **EMPLOYEE DIRECT DEPOSIT PAYROLL CARD**
  - Direct deposit is required for State employees.
  - Project skills employees do have the option to receive paper checks but direct deposit and payroll card are the preferred options.
    ✓ A voided check or copy of account numbers is needed to verify bank and account numbers.
    ✓ Refer to https://bfm.sd.gov/paycard/ for more information regarding the payroll card.
  - An email address is required to receive an electronic pay stub.

- **SELECTIVE SERVICE REGISTRATION - RESTRICTIONS ON PUBLIC EMPLOYMENT**
  - All employees need to complete this form.

- **PROJECT SKILLS WORK AGREEMENT**
  - Needs to be signed by employer, client, school district, and counselor
  - This form lays out the client's schedule and tasks that will be learned.
Employee No. ____________________

NON-PERMANENT PAYROLL FORM
Seasonal, Temporary, Intern, Board Member

A. EMPLOYEE SECTION: To be completed (PLEASE PRINT) by the employee and returned with other new employee forms.

Social Security Number: XXX-XX-XXXX

Clients Last Name, First, Middle Initial

Clients if applicable

City

SD Zip

Ethnic Group: □ White (1) □ Asian or Pacific Islander (4) □ Black (2) □ American Indian or Hispanic (3) □ Alaskan Native (5)

Marital Status: □ Single □ Married

Do You Possess: □ Driver's License □ Commercial Driver's License (CDL) □ Applicator's License

Have you worked for state government before? □ Yes □ No

B. BUREAU OF PERSONNEL SECTION: To be completed (PLEASE PRINT) by the supervisor/department and returned to the department's personnel office. Other forms to be returned are employee's W-4, I-9, application, appointment letter, and copy of employee's Social Security card.

Effective Date

Base Pay 1

Shift Pay

Position Number

First Working Day

F-STATUS MS ES EXP CODE 2 R

Current Base Pay Proposed Base Pay $9.30 hr.

Comp Ratio (Temp only) Percent of Change

Job Code 400605 Title Project Skills/Employment Skills Pay Grade S99

Req. Number Reclass Log No. Work Phone

Center Number 1950 VR Office Location

- VR Counselor Department Date

Human Resource Manager Date

Commissioner Date

* Be sure to complete the back.

BOP-PA-NP 01/16
EMPLOYEE ACKNOWLEDGMENT

Please read the following information. For further clarification or information, ask your supervisor or contact the Bureau of Personnel.

Federal Drug Free Work Place Act: It is the policy of the State of South Dakota to provide a drug free environment. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance by an employee in the workplace is prohibited. Any employee convicted of a criminal drug law in the workplace or who admits in a court of law to a criminal drug law violation, whether an admission results in a conviction, may be subject to disciplinary action, up to and including termination. In addition, the employee may be required to participate satisfactorily in a drug abuse assistance or rehabilitation program. Each employee will, as a condition of employment, agree to abide by the terms of this policy and to notify the Commissioner of the Bureau of Personnel of any criminal drug statute conviction occurring within the workplace no later than five days after such conviction.

Sexual Harassment Policy: It is the policy of the State of South Dakota that all employees are responsible for ensuring that the workplace is free from sexual harassment. All employees must avoid any action or conduct which could be viewed as sexual harassment. This includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexually harassing nature, when: (1) submission to the harassment is made either explicitly or implicitly a term or condition of employment; (2) submission to or rejection of the harassment is used as the basis for employment decisions affecting an individual; or (3) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Any employee who has a complaint of sexual harassment at work by anyone, including supervisors, co-workers, customers, clients or visitors, should first clearly inform the harasser that his or her behavior is offensive or unwelcome and request that the behavior stop. If the behavior continues, the employee must immediately bring the matter to the attention of the employee's immediate supervisor. If the immediate supervisor is involved in the harassing activity, the violation should be reported to that supervisor's immediate supervisor, the department human resource manager, or the employee relations coordinator at the Bureau of Personnel who can be reached at 773-3148.

Workers Compensation: provides coverage for work related illnesses and injuries. It is your responsibility to notify your supervisor immediately of injuries which happen on the job. A first report of injury form must be completed within 3 days to ensure coverage.

Public Entity Pool for Liability: State employees are covered under the Public Entity Pool for Liability (PEPL). It provides liability coverage for actions arising out of your work for state government. The Public Entity Pool for liability may deny coverage for claims arising out of a state employee's willful and wanton misconduct including but not limited to, reckless disregard for the safety of others and intentional disregard of duty under laws, rules, policies or regulations by which the employee is governed. Promptly report to your supervisor all work related accidents, which involve injuries, damages and loss of property.

Your signature is an acknowledgment/confirmation of the information you have provided on this form and that you have read the policies on this page.

Signature

In case of emergency, please contact: Name + phone number

Date

Telephone number(s)
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client's Last Name</td>
<td>Client's First Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client's Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Client's Email address or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client's Birthdate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's E-mail Address | Client's Email address or N/A |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions) N/A
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number:

1. Alien Registration Number/USCIS Number: N/A
2. Form I-94 Admission Number: N/A
3. Foreign Passport Number: N/A

Country of issuance: N/A

Signature of Employee

Client's Signature

Today's Date (mm/dd/yyyy)

date signed

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

Last Name (Family Name) | First Name (Given Name)
------------------------|------------------------
Address (Street Number and Name) | City or Town | State | ZIP Code

Completed by Service Provider, School or Counselor if needed. 2nd box above marked

Employer Completes Next Page

Form I-9 07/17/17 N
### Section 2. Employer or Authorized Representative Review and Verification

(1) Employees or employer's authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from list A or a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>List A Identity and Employment Authorization</td>
<td>Client's Last Name</td>
<td>Client's First Name</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Document Title</td>
<td>N/A</td>
<td>Driver's license issued by state</td>
<td>South Dakota</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>N/A</td>
<td>Document Number</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Expiration Date (if any)</td>
<td>N/A</td>
<td>Expiration Date</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization OR</td>
<td>Documents that Establish Identity AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter’s registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Form W-4
Department of the Treasury
Internal Revenue Service

Employee’s Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

Step 1:
Enter Personal Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s first name</td>
<td>XXX-XX-XXXX</td>
</tr>
<tr>
<td>Client’s last name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City, SD, Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000

$ 

Multiply the number of other dependents by $500

$ 

Add the amounts above and enter the total here

3 $

Step 4 (optional):
Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each pay period.

4(c) $ Can note "exempt" here

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Client’s signature

Employee’s signature (This form is not valid unless you sign it.)

XX-XX-XXXX

Date

Employers Only

<table>
<thead>
<tr>
<th>Employer’s name and address</th>
<th>First date of employment</th>
<th>Employer identification number (EIN)</th>
</tr>
</thead>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
**EMPLOYEE DIRECT DEPOSIT PAYROLL CARD**
For Payroll and Expense Reimbursement

**EMPLOYEE'S AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**
I hereby authorize the state of South Dakota to initiate direct deposit of my payroll/reimbursement check into the depository (ies) which I have indicated below, and to initiate any debit or credit entries to my account that may be needed to correct any errors that have occurred. (NOTE: Financial Institution #1 will be your default account.)

<table>
<thead>
<tr>
<th><strong>MANDATORY</strong>** NET ACCOUNT (DEFAULT for Payroll and Expense Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Financial Inst:</strong> Address:</td>
</tr>
<tr>
<td>Transit ABA No.: City State</td>
</tr>
<tr>
<td>( ) Checking or ( ) Savings Account No.</td>
</tr>
<tr>
<td>Deduction Amt: NET AMOUNT OR Send me a Payroll Card for my NET amount □ (Check here and leave above blank)</td>
</tr>
<tr>
<td>Please use this account for travel expense reimbursement □ (Check here)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OPTIONAL ACCOUNT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2 Financial Inst:</strong> Address:</td>
</tr>
<tr>
<td>Transit ABA No.: City State</td>
</tr>
<tr>
<td>( ) Checking or ( ) Savings Account No.</td>
</tr>
<tr>
<td>Deduction Amt: $ OR %</td>
</tr>
<tr>
<td>OR Send me a Payroll Card for this amount $</td>
</tr>
<tr>
<td>Please use this account for travel expense reimbursement □ (Check here)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OPTIONAL ACCOUNT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 Financial Inst:</strong> Address:</td>
</tr>
<tr>
<td>Transit ABA No.: City State</td>
</tr>
<tr>
<td>( ) Checking or ( ) Savings Account No.</td>
</tr>
<tr>
<td>Deduction Amt: $ OR %</td>
</tr>
<tr>
<td>Please use this account for travel expense reimbursement □ (Check here)</td>
</tr>
</tbody>
</table>

Please attach a voided check (s) to ensure accurate account information.

- New direct deposit accounts go through a pre-notification process where a zero amount transaction is sent through the system to verify bank and account information. **UNTIL THIS PROCESS IS COMPLETED, YOU MAY RECEIVE A NEGOTIABLE CHECK IN THE MAIL. PLEASE ENSURE THAT WE HAVE YOUR CORRECT MAILING ADDRESS.** If you move, please notify your personnel representative. **If you have questions concerning this process, contact your personnel representative.** **Send my payroll and reimbursement e-stub to my email address.**

E-Mail:
Your e-mail address can be other than your work e-mail address. Use a semi-colon to separate multiple addresses. Ex. John.doe@state.sd.us; xxxx@xxx.xxx

Name (Print):__________________________________________________________

Signature:____________________________________________________________

SSN:_________________ EMP#: __________________ Date:__________________
SELECTIVE SERVICE REGISTRATION – RESTRICTIONS ON PUBLIC EMPLOYMENT

SDCL 3-1-1.1 requires selective service compliance as a prerequisite to being hired by a South Dakota governmental entity.

Please complete the following by checking the appropriate statement and signing at the bottom.

_____ I hereby certify that I am registered with the Selective Service pursuant to the Military Selective Service Act.

_____ I certify that I am not required to be registered based on a reason listed below:

- Female
- Member of the Armed Forces on active duty (NOTE: Does not apply to members of the Reserves and National Guard who are not on active duty)
- Not reached my 18th birthday
- Born before January 1st, 1960
- Lawful non-immigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired Form I-94, or Border Crossing Document DSP-150)
- Individuals who are born female and have changed their gender to male

[Signature]
NAME

[Date]
DATE

To be filed in employee’s permanent file. If you have questions call the Bureau of Human Resources at 605-773-3148.
# PROJECT SKILLS WORK EXPERIENCE AGREEMENT

## EMPLOYER/WORKSITE
- **Name:** [Employer name]  
- **Address:** [Address]  
- **City/St/Zip:** [City, SD, Zip]  
- **Phone:** [XXX-XX-XXXX]  
- **Authorized Name:** [Name of Supervisor]  
- **Title:** [Title of Employer/Supervisor]  
- **Others authorized to sign and/or supervise:** [Name]  
- **Title:** [Title]

## SCHOOL DISTRICT
- **School District:** [Students school district]  
- **Authorized Name:** [RS (sir/ma'am)]  
- **Title:** [RS (sir/ma'am) Title]  
- **Phone:** [XXX-XX-XXXX]  
- **Address:** [Address]  
- **City/St/Zip:** [City, SD, Zip]

## VOCATIONAL REHABILITATION COUNSELOR
- **Name:** [VR Counselor's name]  
- **Address:** [Address]  
- **City/St/Zip:** [City, SD, Zip]  
- **Phone:** [XXX-XX-XXXX]

### PARTICIPANT INFORMATION
- **Social Security Number:** [XXX-XX-XXXX]  
- **Participant Name - Last/First:** [Students last name, first name]

### EMPLOYER/WORKSITE OBLIGATION
- The employer/worksite agrees to:
  - (a) Comply with the training plan listed below and provide participants appropriate supervision and training, supply sufficient materials and equipment to perform assigned duties, safe and healthy working conditions and adhere to all child labor laws.
  - (b) Maintain accurate time and attendance records and submit to the state on a weekly basis appropriately completed time cards.
  - (c) Maintain during the period of this agreement, at its sole cost and expense, adequate general liability and automobile liability insurance covering actions of the participant.
  - (d) Comply with the conditions and assurances which are on the reverse of this agreement.

### PARTICIPANT OBLIGATION
- The participant agrees to:
  - (a) Comply with the training plan listed below.
  - (b) Comply with the employer/worksite personnel policies and practices with regard to attendance, leave of absence and general conduct while on the job.
  - (c) Use and treat all property of the workplace with reasonable care and respect and understand that failure to do so may result in liability for damages.
  - (d) Comply with directions and training given by the assigned trainer or supervisor regarding performance of job duties and to perform such duties to the best of your ability.
  - (e) Be to work on time, work the days scheduled, and dress appropriately for the job.

### ORIGINAL AGREEMENT INFORMATION
- **Agreement Period:** [XX-XX-XXXX] to [XX-XX-XXXX]  
- **Start:**  
- **End (Friday):**  
- **Number of Weeks:** [XX]  
- **Hours per week:** [XX]  
- **Total Hours:** [XX]  
- **Minimum Wage:** [XX]  
- **Total Wages:** [XX]

### MODIFIED AGREEMENT INFORMATION
- **Job Title:** [Job Title]

### APPROVAL SECTION
- I hereby certify by my signature that the above information is true and correct to the best of my knowledge.
- **[VR will complete]**  
- **Signature:** [Signature]  
- **Date:** [XX-XX-XXXX]

### TRAINING PLAN
<table>
<thead>
<tr>
<th>Skills Areas:</th>
<th>Approx. Trng. Hours</th>
<th>Training Outline</th>
<th>Teach/learn the following job tasks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete these areas</td>
<td>With thorough descriptions</td>
<td>(Include specific job description, tools and equipment, job specifications and numerical measurements)</td>
<td></td>
</tr>
</tbody>
</table>

**[State VR Counselor]**  
**Date:**

**Authorized Signature for School District**  
**Date:**
The Training Plan section on the Project Skills Experience Agreement document covers the skills areas the student will be working on during their Skills job. This section can be comparable, or the same as some of the transition goals found on the student’s IEP. It can also include the skills they will be learning that are specific to their new assigned tasks.

Here are some good examples from signed Project Skills Work Experience Agreements received by VR/SBVI counselors:

<table>
<thead>
<tr>
<th>Skills Areas</th>
<th>Approx. Training Hours</th>
<th>Training Outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Independently</td>
<td>Most training plans just state “250 hours” since students are continuing to work on improving their skills areas for the entire length of the contract or until their hours are up</td>
<td>Use a time clock and follow a visual schedule to stay on task; Stay on task without redirection.</td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
<td>Work with other staff to ensure duties are being completed as assigned; Ask others if they need help if you need a task to do.</td>
</tr>
<tr>
<td>Following directions</td>
<td></td>
<td>Follow employer’s set procedures and rules to complete tasks; Do as you’re told the first time without prompts to stay on task.</td>
</tr>
<tr>
<td>Employability Skills</td>
<td></td>
<td>Follow store guidelines for dress code, customer interactions; Arrive to work on time; Complete assigned tasks with a good attitude.</td>
</tr>
<tr>
<td>Social Skills</td>
<td></td>
<td>Greet customers appropriately; Ask boss/manager for help/clarification of duties; Accept feedback; Learn coworkers’ names.</td>
</tr>
<tr>
<td>Taking initiative</td>
<td></td>
<td>Find more tasks once others have been completed successfully.</td>
</tr>
<tr>
<td>Job Specific – bagging groceries</td>
<td></td>
<td>Follow store procedures for properly bagging groceries and demonstrate ability to meet speed and accuracy goals; Greet shoppers and coworkers appropriately; Follow employer’s established dress code.</td>
</tr>
<tr>
<td>Job Specific – stocking</td>
<td></td>
<td>Learn layout of the store; Learn names of different merchandise; Assist with stocking merchandise properly on shelf; Learn appropriate product rotation when putting new items on shelves; Follow safety procedures when unloading trucks.</td>
</tr>
</tbody>
</table>