

Training Assignment Description (Optional)

Participant's Name: _____

Date: _____ [] Initial Description [] Upgraded Description

Training Position Title: _____

Training Site: _____ Phone #: _____

Training Site Address: _____

Supervisor's Name: _____ Email address: _____

Specific training to be provided:

(Provide dates, anticipated length of training to be provided, subjects to be covered and person(s)/organization providing the training.)

Tasks to be performed by participant:

(List tasks in order of importance. List any unusual requirements. Continue on additional sheet if necessary.)

Participant's signature: _____ Date: _____

I verify that this training position constitutes a new or expanded service and is not a violation of maintenance of effort regulations of the U.S. Department of Labor. (Positions of SCSEP participants shall be in addition to positions which otherwise would be funded by the local training site without assistance from SCSEP. Positions funded under SCSEP: shall result in an increase in employment opportunities over those which would otherwise be available; may not result in the displacement of currently employed workers, including partial displacement such as reduction in hours of non-overtime work, wages or employment benefits; may not impair existing contracts for service or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed; may not substitute program jobs for existing federally assisted jobs; may not employ or continue to employ a trainee to perform work the same or substantially the same as that performed by any other person who is on layoff.)

Supervisor's signature: _____ Date: _____