



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

make sure form is not expired

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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.)

Last Name (Family Name) Client's Last Name		First Name (Given Name) Client's First Name		Middle Initial MI	Other Last Names Used (if any) or N/A	
Address (Street Number and Name) Address			Apt. Number or N/A	City or Town City		State SD ZIP Code Zip Code
Date of Birth (mm/dd/yyyy) Client's Birthdate	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address Client's email address or N/A		Employee's Telephone Number client's phone number or N/A	

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):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) N/A
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A Some aliens may write "N/A" in the expiration date field. (See instructions)

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
OR
2. Form I-94 Admission Number: N/A
OR
3. Foreign Passport Number: N/A
Country of Issuance: N/A

QR Code - Section 1
 Do Not Write in This Space

Signature of Employee Client's signature	Today's Date (mm/dd/yyyy) date signed
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* one box must be marked

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





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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their 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.")

Employee Info from Section 1	Last Name (Family Name) <i>Client's Last Name</i>	First Name (Given Name) <i>Client's First Name</i>	M.I. <i>MI</i>	Citizenship/Immigration Status <i>I</i>
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List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title <i>N/A</i>		Document Title <i>Driver's license issued by state</i>		Document Title <i>Social Security Card</i>
Issuing Authority <i>N/A</i>		Issuing Authority <i>South Dakota</i>		Issuing Authority <i>Social Security Administration</i>
Document Number <i>N/A</i>		Document Number <i>Driver's license number</i>		Document Number <i>Social Security Number</i>
Expiration Date (if any)(mm/dd/yyyy) <i>N/A</i>		Expiration Date (if any)(mm/dd/yyyy) <i>expiration date</i>		Expiration Date (if any)(mm/dd/yyyy) <i>N/A</i>
Document Title <i>N/A</i>		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority <i>N/A</i>				
Document Number <i>N/A</i>				
Expiration Date (if any)(mm/dd/yyyy) <i>N/A</i>				
Document Title <i>N/A</i>				
Issuing Authority <i>N/A</i>				
Document Number <i>N/A</i>				
Expiration Date (if any)(mm/dd/yyyy) <i>N/A</i>				
Document Title <i>N/A</i>				
Issuing Authority <i>N/A</i>				

** please include copies of both*

Counselors will complete this section.

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)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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.

NON-PERMANENT PAYROLL FORM

Seasonal, Temporary, Intern, Board Member

Employee No. _____

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

Social Security Number
 XXX-XX-XXXX

Last Name/First Name/Middle Initial

Client's last name, first, middle in.

P.O. Box

Client's address

Physical (Street) Address

City

City State Zip

State

Zip

Ethnic Group:

- White (1) Asian or Pacific Islander (4)
 Black (2) American Indian or
 Hispanic (3) Alaskan Native (5)

Married Status: Single
 Check one

Do You Possess: Check if applicable

- Driver's License Yes No
 Commercial Driver's License (CDL)
 Applicator's License

Turn page over and read & complete
EMPLOYEE ACKNOWLEDGEMENT applicable

Date of Birth (M/D/Y)

Sex: M F

Home Phone _____

Cell Phone _____

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

E-STATUS	MS	ES	EXPT	RETIRE CODE
2	R			0 0

Date _____ By _____
 Code _____

Supp Pay							
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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.**

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.

Client's signature
Signature

XX-XX-XXXX
Date

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

XXX-XXX-XXXX
Telephone number(s)

make sure form is correct year

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- ▶ 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.

2020

Step 1:
Enter Personal Information

(a) First name and middle initial <i>Client's first name</i>	Last name <i>Client's last name</i>	(b) Social security number <i>XXX-XX-XXXX</i>
Address <i>Address</i>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code <i>City SD Zip Code</i>		

Complete check box &

(c) Single or Married filing separately
 Married filing jointly (or Qualifying widow(er))
 Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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* ▶ *XX-XX-XXXX*
 Employee's signature (This form is not valid unless you sign it.) Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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EMPLOYEE DIRECT DEPOSIT PAYROLL CARD

For Payroll and Expense Reimbursement

Sign Up Now!

Sign up online at the SD
Employee/Manager Self Service Center,
<https://bfm.sd.gov/empselfservice/sea.asp>

Or

Complete the direct deposit form and
return it to your personnel representative.

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.)**

MANDATORY NET ACCOUNT (DEFAULT for Payroll and Expense Reimbursement)	
1 Financial Inst:	Address:
Transit ABA No.:	City State
() Checking or () Savings Account No.	
Deduction Amt: NET AMOUNT	
OR Send me a Payroll Card for my NET amount <input type="checkbox"/> (Check here and leave above blank)	
Please use this account for travel expense reimbursement <input type="checkbox"/> (Check here)	
OPTIONAL ACCOUNT	
2 Financial Inst:	Address:
Transit ABA No.:	City State
() Checking or () Savings Account No.	
Deduction Amt: \$ _____ OR _____ %	
OR Send me a Payroll Card for this amount \$ _____	
Please use this account for travel expense reimbursement _____ (Check here)	
OPTIONAL ACCOUNT	
3 Financial Inst:	Address:
Transit ABA No.:	City State
() Checking or () Savings Account No.	
Deduction Amt: \$ _____ OR _____ %	
Please use this account for travel expense reimbursement _____ (Check here)	

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

Check one of these

Client's signature

NAME

XX-XX-XXXX

DATE

PROJECT SKILLS WORK EXPERIENCE AGREEMENT

EMPLOYER/WORKSITE		SCHOOL DISTRICT	
Name: <u>Employer name</u>		School District: <u>Students school district</u>	
Address: <u>address</u>		Authorized Name: <u>PS Coord. name</u>	
City/St/Zip: <u>City, SD, Zip</u>		Title: <u>PS Coord. Title</u> Phone: <u>XXX-XXX-XXXX</u>	
Phone: <u>XXX-XX-XXXX</u>		Address: <u>Address</u>	
Authorized Name: <u>Employer/Supervisor name</u>		City/St/Zip: <u>City, SD, Zip</u>	
Title: <u>Title of Employer/Supervisor</u>		VOCATIONAL REHABILITATION COUNSELOR	
Others authorized to sign and/or supervise		Name: <u>VR Counselor's name</u>	
Name: <u>Employer name</u>		Address: <u>Address</u>	
Title: <u>Title</u>		City/St/Zip: <u>City, SD, Zip</u>	
<input type="checkbox"/> Private For Profit	<input type="checkbox"/> Public/Private	<input type="checkbox"/> Nonprofit	Phone: <u>XXX-XXX-XXXX</u>

reck one

PARTICIPANT INFORMATION			Social Security Number		Participant Name - Last/First	
			<u>XXX-XX-XXXX</u>		<u>Student's Last name, First name</u>	
Street Address/Box Number	City/State	Zip Code	<input type="checkbox"/> Married	In-School Education Status:		
<u>Student's address</u>	<u>City, SD</u>	<u>Zip</u>	<input type="checkbox"/> Single	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<u>check one</u>

EMPLOYER/WORKSITE OBLIGATION

The employer/worksite agrees to:

- 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.
- Maintain accurate time and attendance records and submit to the state on a weekly basis appropriately completed time cards.
- 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.
- Comply with the conditions and assurances which are on the reverse of this agreement.

Signature XX-XX-XXXX
Employer/Worksite Supervisor Date

I hereby certify that I am authorized to sign this agreement and agree with the above employer/worksite obligations.

PARTICIPANT OBLIGATION

The participant agrees to:

- Comply with the training plan listed below.
- Comply with the employer/worksite personnel policies and practices with regard to attendance, leave of absence and general conduct while on the job.
- Use and treat all property of the worksite with reasonable care and respect and understand that failure to do so may result in liability for damages.
- 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.
- Be to work on time, work the days scheduled, and dress appropriately for the job.

Signature XX-XX-XXXX
Participant Signature Date

I hereby certify that I agree with the above participant obligations.

ORIGINAL AGREEMENT INFORMATION

Agreement Period XX-XX-XXXX to XX-XX-XXXX
Start End (Friday)

Number of Weeks _____ Hours per week XX

Total Hours up to 300 Hourly Wage \$ min. wage Total Wages _____

Job Title job title here

MODIFIED AGREEMENT INFORMATION

Agreement Period _____ to _____
Start End (Friday)

Number of Weeks _____ Hours per week _____

Total Hours _____ Hourly Wage \$ _____ Total Wages _____

Job Title _____

____ Job Terminated Date Terminated: _____

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 XX-XX-XXXX
State VR Counselor Date Authorized Signature for School District Date

TRAINING PLAN

Skills Areas:	Approx. Trng. Hours	Training Outline (Include specific job description, tools and equipment, job specifications and numerical measurements)
<u>Complete with thorough these areas</u>	<u>with thorough descriptions</u>	Teach/learn the following job tasks:

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:

Training Plan

Skills Areas	Approx. Training Hours	Training Outline
Work Independently	<i>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</i>	Use a time clock and follow a visual schedule to stay on task; Stay on task without redirection.
Teamwork		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.
Following directions		Follow employer’s set procedures and rules to complete tasks; Do as you’re told the first time without prompts to stay on task.
Employability Skills		Follow store guidelines for dress code, customer interactions; Arrive to work on time; Complete assigned tasks with a good attitude.
Social Skills		Greet customers appropriately; Ask boss/manager for help/clarification of duties; Accept feedback; Learn coworkers’ names.
Taking initiative		Find more tasks once others have been completed successfully.
Job Specific – bagging groceries		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.
Job Specific – stocking		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.