

# Project Skills

The who, what, when and why...



# What is Project Skills?

- Project Skills is a paid work experience program for high school students with disabilities.
- A cooperative arrangement between state vocational rehabilitation agencies and local school districts.
- Provides students the opportunity to learn different skills in a variety of job placements, with the assistance of a job coach.
- Helps to build the student's work history, develop references, and prepares students to take on new challenges within the world of work as they grow.



Click Here to watch a short video about Project Skills

# Who can participate?

## Individuals that are...

- 16 years or older.
- Enrolled in a certified high school program and be meeting acceptable academic and attendance requirements.
- Have an employment experience as part of the Individual Education Program (IEP) unless waived by the VR counselor.
- Apply for and be determined eligible for vocational rehabilitation services through either the Division of Rehabilitation Services or Service to the Blind & Visually Impaired

[Click Here!!](#) To find contact information for the DRS office covering your area and apply.

# Who pays for it all?



- The **Division of Rehabilitation Services** (DRS) provides funding for wages, FICA, worker's compensation, and other costs.
- DRS can also pay for other items needed for employment, such as uniforms, based on the individual student's needs.
- The local school district provides matching funds for Project Skills by providing job development, job coaching and on-site monitoring. These services can be provided directly by the school district or may be purchased from another agency, such as an education cooperative, community service provider, career learning center, or other agency approved by Vocational Rehabilitation (DRS).





# What is the school's match?

- For every \$10 VR provides in paid work experience, the school must agree to provide approximately \$3 in services such as; job development, job coaching, and on-site monitoring.
- This match cannot be from federal funds
- The services can be provided by schools directly, or purchased through other agencies, such as; Job Shops, Educational Cooperatives, Career Learning Centers, Community Service Providers, Mental Health Centers, or other approved private providers (ask your VR counselor for more information).

## The Formula:

$\$0.30 \times \text{students' total earned wages} = \$Z$  (this is the amount the school must match in service costs)

$\$Z \div \text{hourly wage of job coach/school staff} = \# \text{ hours of service that must be provided to meet the match.}$





# Job Development, Job Coaching, & Monitoring

## Job Development

Activities associated with identifying positions and employers for the students involved, including the development of the work contract

## Job Coaching

Activities related to helping support and train each student on-the-job. These activities generally start out one-to-one and fade out over time, allowing the student to take over the responsibilities of the job. These activities vary for each individual student.




## Monitoring

Observation of the student at the work site, performed at least two times per month. These activities aim to identify successes and needs of the student as they progress through their work experience.





# Monthly Reports (the back)

Form #: DHS-RS-140-5/02	Form #: DHS-RS-340-5/02
Summary of program during this month: 	Summary of progress during this month: _____ <i>Joe has been successful greeting customers and accepting criticism. Joe has</i>
Still working in the following areas: 	Still working on the following areas: _____ <i>Joe continues to work on his knowledge of car parts and developing a list of activities to be completed. He also needs to learn how</i>
Recommendations: 	Recommendations: _____ <i>Continue working at the car shop. Consider phasing out job coaching to see</i>
Student's Job Goal or Employment: _____	Student's Job Goal or Employment: <u>Automotive Technician Assistant</u>
Employment Experience Site: _____	Employment Experience Site: <u>Community Car Repair Inc</u>
Contact Agency: _____	Contract Agency: <u>Agency (if your school uses one)</u> Avg. Weekly Hours: <u>10</u>
School: _____	School: <u>Your School's Name Here</u> Avg. Weekly Wages: <u>\$86.50</u>
Provider Signature: _____	<u>Teacher McBooks</u> Provider Signature
Date Submitted: _____	<u>12/01/2017</u> Date Submitted

This section allows the reporter to provide complete and sign bottom portion suggestions and input for before sending it to the vocational rehabilitation counselor covering your area

Click the image above to open your own copy in Microsoft Excel. It is Sheet 2 on the Excel File

# How does a student get signed up?

- First, the student and parents must complete the VR application process with a VR counselor. This requires:
  - Getting signatures on associated paperwork
  - Getting signed releases
  - And collecting records
- Second, once the VR counselor collects records, they work to determine the student's eligibility for services, based on reports and records received
- Third, after the student has been determined eligible, the student and counselor develop an individualized plan for employment (IPE), to include the student's participation in the project skills program. This document requires a parental or guardian signature if the student is under 18 years of age
- Once those steps have been completed, the school and student may begin filling out the necessary project skills payroll forms to get them signed up...

[Click Here !!](#) To get more info on the step by step process for applying and other info

# Project Skills–Specific Documents:

There are a number of documents that need to be completed once the student is ready to get started in Project Skills...

- Non-Permanent Payroll Form
- I-9 Employment Eligibility Verification
- W-4 Employee's Withholding Allowance Verification
- Employee Direct Deposit Payroll Form
- Selective Service Registration
- Project Skills Work Agreement Contract



Click on the toolbox to link to available forms and the teacher's lounge under the Project Skills Heading on the DRS website!



# Non-Permanent Payroll Form

Employee No. \_\_\_\_\_

## EMPLOYEE ACKNOWLEDGMENT

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

### A. EMPLOYEE SECTION

Social Security Number

504-12

PII, DOB

Y O U R T

0 1 0 2 2 0

Date of Birth (M/D/Y)

Home Phone: 605-

Cell Home

**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 in violation of law is 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 unacceptable 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 773-3140.

**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

Joe Student

12-1-17  
Date

In case of emergency, please contact:

Susan Student (mom)  
Name

605-728-1234  
Telephone number(s)



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(You will need to get this form from you local DRS office)

# Don't Forget to Complete the Back!!

completed by the  
Student on the bottom.

# I-9 Employment Eligibility Verification (Front)

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

**USCIS Form I-9**  
 OMB No. 161-0047  
 Expires 07/31/2016

**Section 1. Employee Information and Attestation** (Do not leave any boxes empty and sign Section 1 on the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <b>Student</b>	First Name (Given Name) <b>Joe</b>	Middle Initial <b>W</b>	Other Names Used (if any)
Address (Street Number and Name) <b>123 Home Street</b>		City or Town <b>Home Town</b>	State <b>SD</b>
Date of Birth (mm/dd/yyyy) <b>01/02/1900</b>	U.S. Social Security Number <b>504-12-5455</b>	E-mail Address <b>joe_student@yahoo.com</b>	

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator <b>Teacher McBooks</b>		Date (mm/dd/yyyy) <b>10/01/2017</b>
Last Name (Family Name) <b>McBooks</b>		First Name (Given Name) <b>Teacher</b>
Address (Street Number and Name) <b>123 School Avenue</b>		City or Town <b>Home Town</b>
		State <b>SD</b>
		Zip Code <b>57123</b>

**STOP** Employer Completes Next Page **STOP**

Form I-9 05-08-13 N Page 7 of 9



completed by  
 or with  
 If the Student gets assistance filling out the top of the form, the adult that assisted should complete the bottom section of the front

be signed  
 first day

(Click on the image to get a copy of the most recent I-9 and the detailed instructions)



# I-9 Employment Eligibility Verification (Back)

**Section 2: Employee**  
(Employers or their authorized representatives must physically examine one of the "Lists of Acceptable Documents" (issuing authority, document)

Employee Last Name, First, Middle Initial, Last: \_\_\_\_\_

Employee Identification Number: \_\_\_\_\_

Employer's Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Document Title: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Document Number: \_\_\_\_\_

Expiration Date (if any)(mm/yy): \_\_\_\_\_

Document Title: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Document Number: \_\_\_\_\_

Expiration Date (if any)(mm/yy): \_\_\_\_\_

Document Title: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Document Number: \_\_\_\_\_

Expiration Date (if any)(mm/yy): \_\_\_\_\_

**Certification**  
I attest, under penalty of above-listed document(s) employee is authorized to work in the United States on the employee's first day of employment.

Signature of Employer or Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Renewed Renewal Card for Alien Registration Number (Green Card)</li> <li>3. Foreign passport with temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-797)</li> <li>5. Permanent resident alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport and Form I-94 or Form I-94A (see list below)</li> <li>(1) The same name as the passport and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as the period of residence is not set to expire and the proposed employer will not be conflicted by any restrictions or limitations (verification form)</li> </ol> </li> <li>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 (including nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI)</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or existing possession of the United States' unexpired realtor's photograph or information card (name, date of birth, gender, height, eye color, and address)</li> <li>2. Unexpired unexpired, state-issued government agencies or entities, provided it contains a photograph or information card (name, date of birth, gender, height, eye color, and address)</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent ID card</li> <li>7. U.S. Social Security Number Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Number card, unless the card includes one of the following conditions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH EMPLOYER AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH SOCIAL SECURITY ADMINISTRATION</li> </ol> </li> <li>2. Certification of Birth Abroad (issued by the Department of State) (Form FS-80)</li> <li>3. Certification of Report of Birth (issued by the Department of State) (Form DS-1303)</li> <li>4. Report or certified copy of birth or death record (issued by a State, county, municipal authority, or territory of the United States having jurisdiction)</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-191)</li> <li>7. Identification Card for Use of Resident Citizens in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the Instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

This is the list of acceptable documents for each list that can also be found in the instructions when you print the skills the required copy of the student's sensitive security card to complete this section and other South Dakota HRD paperwork.

- Student ID (if under 18) [Click the SS Card to link to SSA site and instructions on how to get a new SSA card if you need one.](#)

# W-4 Employee Withholding Allowance Verification Certificate

**Personal Allowances Worksheet (Keep for your records.)**

A Enter "1" for yourself if no one else can claim you as a dependent . . . . .

B Enter "1" if:   
 • You're single and have only one job; or   
 • You're married, have only one job, and your spouse doesn't work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . . . . .

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit that other relatives will claim for you. See Pub. 507, Child Tax Credit, for more information on this credit.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

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**W-4 Employee's Withholding Allowance Certificate** OMB No. 1545-0044

Form 2017

Department of the Treasury Internal Revenue Service

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial: Joe W. Last name: Student 2 Your social security number: 504-12-3456

Home address (number and street or rural route): 123 Home Street City or town, state, and ZIP code: HomeTown, SD, 57123

3  Single  Married  Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 1

6 Additional amount, if any, you want withheld from each paycheck: \$ 0

7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption:   
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and   
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.   
 If you meet both conditions, write "Exempt" here.

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

Employee's signature: Joe Student Date: 10/01/2017

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office use (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Form W-4 (2017)

The student completes the middle section and the bottom section and signs it before sending it with the other required documents.

The more allowances claimed, the less that is withheld from a paycheck. Common entries are "1" and "0".

If you are using the most recent previous forms

cannot be submitted. Nothing is required in the bottom section #8 before sending the form in

(Click on the image to get a copy of the most recent W-4 and the detailed instructions)



# Employee Direct Deposit Payroll Form

## 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.)

For **\*\*MANDATORY\*\* NET ACCOUNT (DEFAULT for Payroll and Expense Reimbursement)**

The depository (ies) **1 Financial Inst:** Address: \_\_\_\_\_  
 Transit ABA No.: \_\_\_\_\_  
 Checking or  Savings Account No. \_\_\_\_\_  
 Deduction Amt: **NET AMOUNT**  
 **OR** Send me a Payroll Card for my NET amount (Check here and leave above blank)  
 Please use this account for travel expense reimbursement (Check here)

**2 Financial Inst:** Address: \_\_\_\_\_  
 Transit ABA No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Checking or  Savings Account No. \_\_\_\_\_  
 Deduction Amt: \$ \_\_\_\_\_ %  
 **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: \$ \_\_\_\_\_ %  
 Please use this account for travel expense reimbursement (Check here)

Please attach a valid check (s) to receive accurate account information  
 • New direct deposit accounts go through a pre-authorization process where a zero amount transaction is sent

E-Mail: Joe\_student@yahoo.com  
 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; xxxxx@xxx.xxx


Name (Print): Joe Student  
 Signature: Joe Student  
 SSN: 604-12-5456 EMP#: \_\_\_\_\_ Date: 10/01/2017

(Click on the image to get a copy of the most recent Direct Deposit Form)

Be sure to provide a working, accessible email address and signature on the bottom of the form. If the student would like to use their email address, it will be deposited or expressed check will be sent to their address. Use the "Payroll Card" and other related information as well as the bottom section, including the routing number, email address, and deposit card from the bank wither that reports students name and bank account information.

# Selective Service Verification Form





**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 18<sup>th</sup> birthday
- Born before January 31, 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

NAME \_\_\_\_\_ DATE \_\_\_\_\_

To be filed in employee's permanent file. If you have questions call the Bureau of Human Resources at 605-773-3148.

Funding for DRS services, including the money used for the students' wages through the Project Workforce Initiative, includes federal funds that apply to the DRS registration process. Click on the flag icon below to connect to the Selective Service Online system and verify a signature, date, and heading for the registration form before turning it in with the other documents.



# Project Skills Work Agreement Contract

EMPLOYER/WORKSITE		SCHOOL/STUDENT	
Name	Address	Student Name	Phone
City/State	Zip	Address	City/State
Authorized Name	Signature	Signature	Date
Project Title	Project Description	Project Title	Project Description
Participant Information	Employer Information	Participant Information	Employer Information
Employer/Worksite Information	Participant Information	Employer/Worksite Information	Participant Information
Approval of School	Approval of Employer	Approval of School	Approval of Employer
Signature	Signature	Signature	Signature
Date	Date	Date	Date
Comments	Comments	Comments	Comments
Notes	Notes	Notes	Notes
Additional Information	Additional Information	Additional Information	Additional Information

The "Project Skills Work Experience Agreement" is the long form, usually comprised of multiple carbon copies.

It documents the agreement between the school, the student, the Division of Rehabilitation Service, and the employer to participate in the Project Skills Program.

This section covers those skills and areas the student will be working on. It also describes the number of work experience hours to be used, start and end date of the work experience, and the tasks the student will be working to build on or learn.





# Time Cards

**BAC**

**Project Skills Time Sheet**

Date	Time In	Time Out	Hours
11/18	11:00am	1:00pm	2.0
11/19	11:00am	1:00pm	2.0
11/20	11:00am	1:15pm	2.25
11/22	11:00am	1:30pm	2.5
11/23	11:30am	1:00pm	1.5
11/28	11:00am	1:00pm	2.0
11/29	11:15am	1:00pm	1.75
11/30	10:30am	1:15pm	2.75
Total Hours:			16.75

Employee: Joe Student

Minutes From:	To:	Tenths of Hour
0	5	0
6	11	.1
12	17	.2
18	23	.3
24	29	.4
30	35	.5
36	41	.6
42	47	.7
48	53	.8
54	59	.9

Be sure to track your hours every day. The total of all the hours also goes onto the front of the card as well.

Project Skills Time Sheet

Employee: Community Car Repair, Inc.

Pay Period End Date: 12/1/17

Period: 11/17/17 Balance of Hours: 186.0

Signature: M. Szymorek

due to the VR Court for 3 days after the Pay Period End Date

Mail the completed time card to your local DRS/SBVI office.

Remember to have both the student and the employer sign off on the completed time card

Dakota state employees. You can get more time cards by requesting them from your local DRS/SBVI office, as the keep plenty on hand.

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