

**SCSEP Community Service  
Assignment Form**

OMB Approval Number: 1205-0040

Expiration Date: 10/31/10

1. Name of participant \_\_\_\_\_ 2. S.S. # \_\_\_\_\_  
3. Grantee \_\_\_\_\_

**Host Agency Information**

4. Name of host agency \_\_\_\_\_

5. Host agency mailing address

\_\_\_\_\_ a. Number and Street, Suite Number; or PO Box

\_\_\_\_\_ b. City

\_\_\_\_\_ c. State

\_\_\_\_\_ d. Zip code

6. FEIN \_\_\_\_\_

7. Host agency type:  Not-for-profit  Government

7a. Date of host agency agreement \_\_\_\_\_ (MM/DD/YYYY)

7b. Date of host agency monitoring visit \_\_\_\_\_ (MM/DD/YYYY)

8. Host agency site name and location \_\_\_\_\_

8a. Host agency job codes: i \_\_\_\_\_ ii \_\_\_\_\_ iii \_\_\_\_\_

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

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ETA-9121  
(Revised October 2007)

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8b. Host agency continued availability  Available  Not available

## Contact/Supervisor Information

9. Name of contact person \_\_\_\_\_

10. Contact person's mailing address if different from number 5

\_\_\_\_\_

a. Organization or address field 1

\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box or address field 2

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. Zip Code

11. Contact person's title \_\_\_\_\_

11a. Contact person's salutation  Mr.  Ms.

12. Contact person's phone number \_\_\_\_\_

12a. Contact person's fax number \_\_\_\_\_

12b. Contact person's e-mail address \_\_\_\_\_

**Complete fields 12c-12j if supervisor is different from contact person (number 9). If supervisor is the same as contact person, skip to field 12j.**

12c. Name of supervisor \_\_\_\_\_

12d. Supervisor's mailing address if different from number 5

\_\_\_\_\_

a. Organization or address field 1

\_\_\_\_\_

b. Number and Street, Suite Number; or PO Box or address field 2

\_\_\_\_\_

c. City

\_\_\_\_\_

d. State

\_\_\_\_\_

e. Zip Code

12e. Supervisor's title \_\_\_\_\_

12f. Supervisor's salutation  Mr.  Ms.

12g. Supervisor's phone number \_\_\_\_\_

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12h. Supervisor's fax number \_\_\_\_\_

12i. Supervisor's e-mail address \_\_\_\_\_

12j. Funding source of supervisor or contact person/supervisor:

Federal     Non-federal \$ \_\_\_\_\_ (hourly rate)    \_\_\_\_\_ (average hours per week)

## Assignment Information

13. Assignment date \_\_\_\_\_ (MM/DD/YYYY)

14. Start assignment date \_\_\_\_\_ (MM/DD/YYYY)

15. End date \_\_\_\_\_ (MM/DD/YYYY)

15a. Approved break in participation

Start date \_\_\_\_\_ (MM/DD/YYYY)    Expected end date \_\_\_\_\_ (MM/DD/YYYY)

Actual end date \_\_\_\_\_ (MM/DD/YYYY)

15b. Reason for approved break in participation

i. Family/health

iii. Administrative

ii. Personal

iv. Other (specify) \_\_\_\_\_

16. CSA wage (per hour) \$ \_\_\_\_\_

16a. Number of hours per week assigned \_\_\_\_\_

16b. Participant's schedule

16c. Date of safety consultation with participant \_\_\_\_\_ (MM/DD/YYYY)

17. Community service assignment code \_\_\_\_\_ (Select only one code from following lists)

Service to the general community includes the following activities:

G1. Education

G6. Environmental Quality

G11. Counseling

G2. Health and Hospitals

G7. Public Works & Transportation

G12. Conservation

G3. Housing and Home Rehabilitation

G8. Social Services

G13. Community Betterment

G4. Employment Assistance

G9. Legal

G14. Other \_\_\_\_\_

G5. Recreation, Parks, and Forests

G10. Financial

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Service to the elderly community includes the following activities:

- |                                     |                        |                           |
|-------------------------------------|------------------------|---------------------------|
| E1. Project Administration          | E6. Nutrition Programs | E11. Counseling           |
| E2. Health and Home Care            | E7. Transportation     | E12. Conservation         |
| E3. Housing and Home Rehabilitation | E8. Outreach/Referral  | E13. Community Betterment |
| E4. Employment Assistance           | E9. Legal              | E14. Other _____          |
| E5. Recreation/Senior Centers       | E10. Financial         | _____                     |

18. Community service assignment title \_\_\_\_\_

18a. Participant's job code \_\_\_\_\_

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

18b. Participant's workers' compensation code \_\_\_\_\_

19. Total hours paid in quarter

Quarter 1 \_\_\_\_\_ Quarter 3 \_\_\_\_\_  
 Quarter 2 \_\_\_\_\_ Quarter 4 \_\_\_\_\_

20. Types of training received (Check all that apply)

- a. General training (basic skills)       d. Other (specify) \_\_\_\_\_  
 b. Specialized training (specific job/industry)       e. None  
 c. On-the job-experience (OJE)

21. Total hours of paid training received in quarter

Quarter 1 \_\_\_\_\_ Quarter 3 \_\_\_\_\_  
 Quarter 2 \_\_\_\_\_ Quarter 4 \_\_\_\_\_

22. Community service assignment comments

**SCSEP Community Service  
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**Sub-Grantee Provided Training Information**

**Training Provider Information**

23. Name of training provider or OJE employer \_\_\_\_\_

24. Training provider or OJE employer mailing address

a. Number and Street, Suite Number; or PO Box

b. City

c. State

d. Zip code

25. Training provider continued availability  Available  Not available

**Contact Person Information**

26. Name of training provider or OJE employer contact person \_\_\_\_\_

27. Contact person's mailing address if different from number 24

a. Organization or address field 1

b. Number and Street, Suite Number; or PO Box or address field 2

c. City

d. State

e. Zip Code

28. Contact person's title \_\_\_\_\_

29. Contact person's salutation  Mr.  Ms.

30. Contact person's phone number \_\_\_\_\_

31. Contact person's fax number \_\_\_\_\_

32. Contact person's e-mail \_\_\_\_\_

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## Training Information

33. Types of training received (Check only one per training record)

- a. General training (basic skills)
  d. Other (specify) \_\_\_\_\_  
 b. Specialized training (specific job/industry)  
 c. On-the job-experience (OJE)

34. Job code for which training is provided, if relevant \_\_\_\_\_

1. Art, Design, Entertainment, Sports, and Media	8. Food Preparation and Service	15. Production, Assembly, Light Industrial
2. Business and Financial Operations	9. Healthcare	16. Protective Service
3. Community and Social Services	10. Legal	17. Retail, Sales, and Related
4. Computer and Mathematical	11. Maintenance and Custodial	18. Self-Employment
5. Construction, Installation, and Repair	12. Management	19. Transportation and Material Moving
6. Education, Training, and Library	13. Office and Administrative Support	
7. Farming, Fishing, and Forestry	14. Personal Care and Service	

35. Participant's workers' compensation code in training \_\_\_\_\_

36. Start training date \_\_\_\_\_ (MM/DD/YYYY)

37. End training date \_\_\_\_\_ (MM/DD/YYYY)

38. Average number of hours of training per week \_\_\_\_\_

39. Average number of hours of community service per week during training \_\_\_\_\_

40. If OJE, wages paid by:

- Sub-grantee
  Employer and reimbursed by sub-grantee at rate of \_\_\_\_\_%

41. Training wage (per hour) \$ \_\_\_\_\_

42. Total wages paid to participant or reimbursed to employer \$ \_\_\_\_\_

43. Total amount paid to training provider for provision of training (other than reimbursement to employer) \$ \_\_\_\_\_

44. Training Comments