
Adult DET Contract Policy 7 – Employment at Enrollment and Outcomes

Purpose

Adult Blue-Collar programs shall provide case management, supportive services, career placement and retention services, and occupational skills training that leads to a credential and sustainable employment. Programs provide these services to adult career entrants or adult career changers and focus on those with barriers to employment and/or barriers to career advancement.

Depending on the population identified in the Contractor's proposal as well as the market for training, participants interested in enrolling in programs may be employed prior to enrollment. The purpose of this policy is to define and provide a procedure for when an employment outcome (Day 1) may be counted for performance when a participant is working at enrollment.

Policy

For those employed (any number of hours) at enrollment, employment at the same job and/or employer shall not be considered a Day 1 employment outcome unless the participant receives an upgrade during or after training.

An upgrade shall be defined as any one of the following:

1. Participant receives a higher wage of at least \$1.00 an hour;
2. Participant receives health benefits; or
3. Participant obtains training related job.

Procedures

For any individual who is working at enrollment, their employment shall be documented using the attached form. This completed form must be uploaded to DJL with eligibility documentation. The purpose of documenting this is to establish the baseline employment to determine if employment post training meets the definition of upgrade.

Waiver

A request to waive any portion of this policy may be made and must be submitted via email to the assigned Contract Specialist. Approval shall be at the sole discretion of DET.

Employment Verification Form-Pre Enrollment

Name of Participant:

Date of employment being Documented:

Employer Name:

Employer Address:

Employer City, State, Zip:

Employer Phone Number:

Job Title:

Hours Worked Per Week:

Hourly Wage \$:

Benefits Received: Yes No

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Signature of Participant _____ **Date** _____