



Cares Act “Experience Works” Employer Agreement

Section 1: Contact Information

EMPLOYER NAME:	CONTACT PERSON:	TELEPHONE #:
EMPLOYER ADDRESS:	EMAIL:	FAX #:

Section 2: Job Candidate Information

PARTICIPANT NAME:	
BEGINNING DATE:	END DATE: December 30, 2020 (Employer can choose to add the participant to their payroll at this time)
JOB TITLE:	
WEEKLY/ HOURLY RATE (Paid by Westchester County to Participant):	

Section 3: Agreement

This Agreement is between (_____) and the Westchester-Putnam Workforce Development Board (WPWDB). Both parties agree to the terms and conditions set forth within this agreement. The agreement term commences on (_____) and terminates on December 30, 2020.

Section 4: General Terms and Conditions

The purpose of this agreement is to establish the general terms and conditions under WPWDB will pay participants (“the Participant”) on behalf of the Employer to take part in the Experience works opportunity.

EXPERIENCE WORKS OPPORTUNITY

The term “experience works” means a paid employment experience provided to a participant who may be a new hire or laid off employee.

WPWDB agrees to:

- Pay the participant from an activation date to be determined as per the agreement until December 30, 2020. Each participant will be paid on a bi-weekly basis at a rate equal to the rate established by the worksite.

The Employer will:

- Add the participant to the employer’s worker’s compensation policy and provide a copy of the coverage to the WPWDB staff prior to the experience works participant start date.
- Provide daily supervision of participant as well as ensure work tasks and duties commensurate with the job description;
- Provide equal pay rate to participant as other staff in same or similar position/title/duties;
- Provide the participant with the company handbook and treated as all the employees at this business;
- Provide WPWDB with weekly time and attendance records signed by the supervisor and experience works participant (can use forms used for other employees at the work site);

Section 5: Signatures

I hereby agree to all the terms and conditions in this Agreement.

By: _____ Date: _____

Printed Name: _____

Title: _____

WPWDB Staff

By: _____ Date: _____

Printed Name: _____

Title: _____

Employer

Email back to: WestchesterCCN@westchestergov.com or directly to the Employment Service Rep who has been assisting you.

