

Georgia Department of Human Resources
TANF SUBSIDIZED EMPLOYMENT AGREEMENT

Division of Family and Children Services

Case Name _____ Case Number _____
Client Name _____ Case Manager/Caseload _____
Client ID Number _____ Case Manager Telephone (____) _____

Job Developer _____

Employer Name: _____

Address _____
Street Address City State Zip Code

Contact Person _____ Telephone (____) _____
_____) _____ Employee Job Title _____

Starting Wage _____

Subsidy Period (Start) ____/____/____ (End) ____/____/____
Mo Day Year Mo Day Year

Reimbursement Period (Start) ____/____/____ (End) ____/____/____
____ Mo Day Year Mo Day Year

AGREEMENT

It is understood that the employer will receive \$ _____ per month for ____ months. DFCS shall not be liable for any costs that exceed the agreed upon amount, nor does any such reimbursement obligate DFCS to any future agreement. The employer understands that s/he is expected to continue to employ the participants after the ____ month subsidy ends unless good cause conditions prevent retention.

The employer understands that the Subsidized Employment participant shall be paid no less than the federal minimum wage and will receive the same benefits (i.e. sick leave, vacation health insurance, etc.) as other similarly classified employees.

The employer understands that the position must be permanent and not less than 30 hours per week.

Every month, the employer must submit the Record of Attendance and Performance Report form to DFCS for the participant by the date specified on the form. **If the employee resigns or is terminated, the employer will notify DFCS immediately by telephone and mail the final report within 3 days.**

NOTE: This document should not be used for TSEP.

Employer Signature/ Date

Participant Signature/ Date

DFCS Supervisor Signature/ Date

Termination Date