

## *New York State OPWDD Employment Training Program (ETP)*

### **Intern Memo of Understanding – Page 1**

I understand that the Employment Training Program (ETP) is a program designed to provide instruction in employment skills and an on-the-job work experience. I also understand that the goal of the program is to assist me in obtaining permanent competitive employment **and that the Employment Training is not a permanent work placement.**

The following has been explained to me, I have been given an opportunity to ask questions, and I understand and agree to the following:

#### **WAGES, TIME AND ATTENDANCE**

- I will be paid minimum wage on an hourly basis by NYS OPWDD.
- If I must be late or absent, I will notify my Worksite Supervisor at least an hour before my start time, when possible.
- When needed, I will request time off in advance from my Worksite Supervisor in writing and notify the ETP Supervisor.
- I will be paid only for hours worked.
- The ETP internship does NOT offer paid vacation, paid sick leave or other paid time off.
- Lunch periods or other breaks (if taken) are NOT paid.
- If necessary I will request a change in work hours from my Worksite Supervisor and the ETP Supervisor.
- It is my responsibility to sign my time sheet and assure that the time sheet is submitted to the Worksite Supervisor on time.
- My time sheet will reflect only the hours I have worked. I will sign in and sign out on the time sheet at my worksite every day.
- If a time sheet is not submitted on time, NO PAYCHECK WILL BE AVAILABLE FOR THAT TIME PERIOD.

#### **PERFORMANCE EVALUATION**

- My work performance will be evaluated every 2-3 months.
- My skills and abilities will be assessed for growth and development.
- My worksite may be changed to better suit my skills and abilities.
- It is important to maintain a positive and cooperative attitude.
- I must be willing to do the tasks asked of me by my Worksite Supervisor and Job Coach.
- I must be willing to try new tasks and assignments.
- The ETP Supervisor is responsible for the oversight of my performance as well as the decision about the worksite placement site.
- Regular communication and cooperation with the ETP Supervisor and Job Coach is required.
- I agree to actively participate and notify the Worksite Supervisor and the ETP Supervisor of ANY AND ALL SUPPORTS I require in order to successfully complete the tasks assigned to me.

**Intern Memo of Understanding – Page 2**

**ORIENTATION, TRAINING AND MEETINGS**

- I will attend ALL required Training and Orientation sessions at my worksite and OPWDD locations.
- I will attend ALL scheduled ETP classroom training sessions scheduled.
- I will be paid for training sessions I attend that are work related.
- I will notify the Worksite Supervisor when I must attend ETP sessions or meetings.

**GENERAL**

- If I have concerns I will first address them with the Worksite Supervisor and/or Job Coach and ETP Supervisor. If the issue cannot be resolved, the ETP Coordinating Unit in Albany may be contacted.
- Good personal hygiene and grooming are important, and I will practice good hygiene and grooming each day. If there is an issue with hygiene or grooming, I may be asked to correct the problem.
- I will adhere to all the rules and regulations of the worksite and ETP.
- I will respect the privacy and property of the persons I work with.
- I will not interfere with the work of others.
- The ETP Program Supervisor is responsible for decisions regarding my internship.

**FINANCIAL**

- I understand that the wages I earn through the ETP **MAY** affect the social security benefits I receive. I agree to actively participate in determining how these wages can affect benefits.
- I agree to work with my service coordinator in reporting wages to the required agencies, particularly the Social Security Administration.

**COMPLAINTS/GRIEVANCES**

- I will first try to resolve any complaint or grievance with my Worksite Supervisor.
- If I do not get satisfactory resolution, I will work with the local ETP Supervisor.
- If my issue cannot be resolved, I may contact the ETP Coordinating Unit at

Employment Training Program  
NYS OPWDD  
44 Holland Avenue, 4<sup>th</sup> Floor  
Albany, New York 12229  
Telephone: 518-473-4785

***I have read this MOU and was given an opportunity to ask questions. I understand all of this information, and I agree to all of the above.***

***Signatures:***

Intern: \_\_\_\_\_ Date: \_\_\_\_\_  
ETP Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy is given to the Intern.***