Participant Work Placement and Wage Subsidy Agreement with Employers

This agreement is to support work experience or wage subsidy for participants in the Foundry Works program where an employment opportunity is offered by an employer to a participant and is facilitated by Foundry.

Each agreement must contain the following:

1. Name of Employer
2. Associated dates
   1. Effective date
   2. Duration of the agreement
   3. Date signed
3. Acknowledgement that representatives of Canada have the right to access the employer’s business premises or site of the employer where the work experience is taking place to monitor the work experience.
4. The purpose of the financial assistance
5. The financial and non-financial conditions attached to the assistance and the consequence of failing to adhere to these conditions
6. The allowable costs or types of classes of expenditures eligible for reimbursement
7. The conditions to be met before payment is made
8. Schedule and basis of payment
9. The maximum amount payable
10. Acknowledgement for the employer to repay overpayments, unexpected balances, and disallowed expenses

**Please add any additional information required by your community to the following template including logos and branding. It is recommended that you consult the appropriate legal and financial representatives within your organization to ensure that all of your agency’s requirements have been met.**

Foundry Works’ Work Placement and Wage Subsidy Agreement Template

**Foundry Works Program**

Foundry Works is a youth supported employment program that provides flexible, wrap-around services to help youth with barriers who are currently not in education, employment or training identify their education goals, develop work skills, and gain paid work/study experience to successfully transition into the labour market.

Foundry Works is a unique service model that integrates employment, training, and education supports with other health services. Foundry Works is currently accessible to youth in 12 communities across BC and though Foundry’s virtual team.

The Foundry Works program supports youth, aged 15-24 through:

* Individualized sessions with an employment specialist to identify and attain their education/employment goals.
* Opportunities to engage in employment and accredited training or educational programs to support skills required by the labour market.
* Work placement opportunities that match employers with participants who are interested in pursuing careers in their industries.

As part of the Foundry Works program, participants have access to funds for training, transportation, and a wage subsidy program to support their employment goals.

**Employer Wage Subsidy Work Placement Opportunity**

Foundry Works can provide youth with access to a wage subsidy benefit as an incentive for employers to hire and train youth for their business. The youth’s wage is subsidized by the program for an agreed upon amount of time. This program supports youth who have experienced barriers to entering the competitive labour market.

The wage subsidy program also reduces the risk for an employer to hire a youth who is a good fit for their business but may need additional training or support to be successful.

**Youth who are eligible for the Wage Subsidy and Work Placement Program are:**

* 15-24 years of age.
* A Canadian citizen, permanent resident or a protected person as defined by the Immigration and Refugee Protection Act. (Service Canada).
* Legally entitled to work in British Columbia and Canada.
* A participant of the Foundry Works program.

**Benefits for employers who partner with Foundry Works to offer work placements**

* Foundry Works will help employers to hire youth with the training and certifications they need for the job.
* Youth hired through Foundry Works will be supported by the Foundry Works team to help promote success on-the-job.
* Employers who partner with Foundry Works increase the diversity of their workforce.
* Foundry Works will help employers find youth who are the right fit for their team.

**Employer eligibility for the Foundry Works wage subsidy program:**

* Have a legally registered business name and number.
* Have been in business for at least one year.
* Have a regular vacant position to fill that is part of your business operations.
* Have an opportunity for long-term employment following a work placement.
* Pay a reasonable and competitive wage.

**Expectations from the employer:**

* Be committed to training the employee for the position.
* A willingness to support and accommodate employability needs.
* The employer is required to submit monthly reports or a copy of the employee’s pay stub to Foundry Works showing the employee’s hours and wages.
* The Employer is required to issue pay cheques on paydays. Foundry Works will reimburse the wage subsidy amount on a monthly basis after receiving a claim for actual wages paid once the hours worked by the participant have been confirmed.
* The employer can proceed with their own interviewing process, just like with other candidates applying for a competitive job and make a decision to accept or decline the referred participant.
* When required, the employer will support site visits by the Foundry Works staff to ensure that the experience is taking place in a safe environment and the experience is being carried out in accordance with the terms of the workplace experience agreement
* Allow a representative of Service Canada the right of access to the employer’s business premises or site of the employer where the work experience is taking place to monitor the work experience

**Workplace Experience Agreement**

|  |  |
| --- | --- |
| Company |  |
| Employer Contact |  |
| Address/ Postal Code |  |
| Phone Number |  |
| Email |  |
| Foundry Works Participant |  |
| Description of role/ workplace experience |  |

I agree to provide a quality employment opportunity for a participant of the Foundry Works program. As a workplace partner of this program, I will:

* A quality employment opportunity experience for \_\_\_\_ weeks starting on \_(mm/dd/yyyy)\_\_\_\_\_, ending on \_(mm/dd/yyyy)\_\_\_\_\_\_.
* Pay the participant $\_\_\_\_/hr and be responsible for deducting and remitting all source of deductions (CCP, EI) and insuring the employee is under WCB.
* Provide regular feedback to the participant about their work performance and provide an environment for them to learn and grow as an employee.
* Consider continuing their employment after the workplace experience is completed.
* Understand that the participant has been hired as per any regular staff member, and is subject to follow up procedures and policies, and that I, the employer has the ability to terminate employment if necessary.
* Repay any overpayment, unexpected balances, and disallowed expenses provided by Foundry during the work placement.

In return, for your commitment, we will:

* Provide a wage subsidy of $\_\_\_\_\_/hour. The $\_\_\_\_\_/hour will be applied towards the participant’s hourly wage to a maximum of \_\_\_ weeks. The participant’s wage will be subsidized for a minimum of \_\_\_\_\_hours/week and a maximum of \_\_\_\_\_hours/week for \_\_\_ weeks within the time frame of \_\_\_\_\_\_\_ until \_\_\_\_\_\_.
* Provide the forms you (the employer) will need to claim in order to obtain the wage subsidy reimbursement amount for the wages paid to the participant (as described above).
* Provide support to you (employer) and the participant during the work placement.

Failure to Meet the Conditions of this Agreement

Failure to meet the conditions of this agreement may result in the termination of the wage subsidy program with Foundry Works.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name (please print) FWs Employment Specialist (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature FWs Employment Specialist Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Wage Reimbursement**

|  |  |
| --- | --- |
| Company |  |
| Employer Contact |  |
| Address/ Postal Code |  |
| Phone Number |  |
| Email |  |
| Foundry Works Participant |  |
| Description of role/ workplace experience |  |

Pay period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours worked by the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be reimbursed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hrs x $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hrs worked Hourly reimbursement rate agreed Reimbursement Amount

Proof of payment to participant attached: Yes (pay statement)

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I confirm that the information above is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name (print) Signature Date

Please submit to: *Centre contact information*