



American Indian Center of Arkansas

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TRAINING SITE SUPERVISOR AGREEMENT

The American Indian Center of Arkansas (AICA) SCSEP funded by the UNITED STATES DEPARTMENT OF LABOR Division of Older Worker Programs has an agreement with _____ to provide a training site(s) for the purpose of training AICA SCSEP trainees. This agreement specifies the responsibilities of the immediate supervisor in carrying out the terms of the Training Partner.

Participant Name _____ Job Title _____

Training Site Location: _____
Name/Department _____ FEIN NUMBER _____
Address _____ Telephone Number _____
City, State, Zip Code _____

Training Site Supervisor: _____
Name and Title _____ Name and Title _____

The Supervisor will:

- Provide adequate supervision to the trainee.
- Provide orientation to trainee concerning Host Agency policies and procedures.
- Provide to each trainee the same consideration, support and treatment extended to regular employees.
- Make no changes in a trainee work schedule without approval from the AICA Administrative Office.
- Assure that trainee works only the number of hours authorized and will not allow the trainee to volunteer time performing the same or similar duties for which he/she is being paid by the Institute for Indian Development, Inc.
- Not allow trainee to conduct any activity of a political nature during a trainee's scheduled work hours.
- Provide AICA SCSEP Field Service Representatives with accurate time and attendance records; documentation of in-kind supervision; and other activity reports and/or evaluations on a timely basis.
- Notify AICA SCSEP Field Service Representative immediately of any injury to a trainee.
- Provide AICA SCSEP Field Service Representative with written information of any adverse behavior of a trainee.

The AICA SCSEP Title V will:

- Provide wages and appropriate fringe benefits to the trainee.
- Provide training site supervision with adequate orientation and periodic updates on the individual trainee's goal and overall objectives of SCSEP.
- Will remove a trainee from training site upon written request from Host Agency.

Supervisor Signature (type name) _____ Date _____

SCSEP Authorized Representative _____ Date _____

Supervisor Signature (type name) _____ Date _____