

APPENDIX A

INSTRUCTIONS FOR COMPLETION OF OFS-EIP-1

An OFS-EIP-1 must be completed for each individual placed into the Employer Incentive Program (EIP) Group contracts are not acceptable. In addition all agreements must be negotiated and signed by all parties prior to the initial start date. Payment to the employer will be based on the hours of work shown on the appropriate time sheet.

Section I

Address:	Local DHHR Office address and telephone number.
Agreement Number:	Authorized Representative: Person authorized by employer to sign EIP Agreement. The agreement number shows agreement, the State fiscal year, the county and the sequential agreement number for that county. EXAMPLE: FSEIP 00-01-05 is the EIP agreement number for the fifth(05) contract for county 01 (Barbour County) during Fiscal Year 2000 (00) for the FSE&T Program.
Client Name:	Name of person being assigned. Social Security Number: Client's Social Security Number
PIN Number:	Client's PIN Case Number
Vendor Number:	Assigned by fiscal office

Section II

Employer:	Names of Employer
Address:	Address where reimbursement is to be mailed and phone number
FEIN Number:	Federal Employer TAX Identification Number assigned by fiscal Office

Section III

Effective EIP Training Dates: Date the placement is to begin and the estimated ending date.

Employer's product or service: The business in which the employer is engaged.

Payment Schedule: Monthly itemized invoice. EIP payments are made monthly upon receipt of the WT-12 or other appropriate time sheet.

Section IV

Price the EIP Agreement: Identify the total fixed cannot exceed. Enter the dollar amount the Agreement can not exceed. (Example: \$5.15 x 200 x 50% = \$515.00)

Section V

Signatures: Enter signatures, titles, date signed.

Section VI

Location and Person in Charge: Enter the location of the placement and the person in charge.

Statement of Employer's Need for EIP: A brief statement of the Employer's need for the EIP is to be entered here. (if additional space is needed attach a separate sheet of paper).

Job Description A brief job description is to be entered here. (if additional space is needed attach a separate sheet of paper).

Section VII

Concurrence of the Collective
Bargaining Agent:

If the occupation is subject
to collective bargaining,
enter the name, title and
union affiliation of the
bargaining representative.

Section VIII

General Provisions to the
Agreement:

The employer's authorized EIP
representative must read this
section. His signature
signifies that these
conditions will be followed.