



·STATE OF DELAWARE·
**EMPLOYMENT NETWORK
PROGRAM AGREEMENT**

SECTION 1: REQUEST TO FILL

Hiring Manager: _____ Date of Request: _____

DEPARTMENT	DIVISION	EMPLOYMENT TYPE
		CASUAL/SEASONAL

Contact Phone: _____ Contact Email: _____

Building Name: _____

Street Address: _____

City & Zip Code: _____

TITLE	START DATE	END DATE

SCHEDULE NOTES

JOB RESPONSIBILITIES / REQUIREMENTS

- _____
- _____
- _____
- _____
- _____
- _____
- _____

CANDIDATE SKILLS DESIRED

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

APPROVAL

Hiring Manager: _____ Date: _____

HR Designee: _____ Date: _____

Please forward the approved request to the Program Coordinator at jobs@delaware.gov.
Subject Line should read: "Employment Network Program Request"

SECTION 2: OFFICIAL PROGRAM AGREEMENT

This agreement outlines the duties and responsibilities of the Agency/Department, Program Coordinator, and Candidate completing this Program Agreement. It also confirms assignment schedule, policy acknowledgments, and other important information.

The Department of Human Resources accepts the service of all participants with the understanding that such service is at the sole discretion of the Agency/Department. Participants agree that the Agency/Department may at any time, for any reason, terminate the program.

PROGRAM CANDIDATE CONTACT INFORMATION

Candidate Name:

Mailing Address:

City, State & Zip Code:

Phone:

Email:

SCHEDULE

Reports to:

Contact Phone:

Contact Email:

DAYS:	SUNDAY	MONDAY	TUESDAY	WEDNES	THURS	FRIDAY	SATURDAY
Start Time:							
End Time:							

Schedule Notes:

SECTION 3: AGREEMENTS AND RESPONSIBILITIES

PROGRAM CANDIDATE

- I understand and confirm that I am a Program Candidate, and I agree to provide service as a Casual/Seasonal employee, and receive compensation for services agreed upon.
- I understand and agree to adhere to the State of Delaware's policies governing the observation of confidentiality and the handling of confidential information.
- I understand and agree to adhere to Agency/Department work hours/schedule, policies and procedures, in addition to the rules governing professional staff behavior. Furthermore, I agree not to attempt work that is beyond my abilities or for which I have not been assigned, trained, or authorized.
- I hereby agree that I have never been convicted of a felony or Class A Misdemeanor.
- I understand and agree that the Department of Human Resources reserves the right to inquire into my background, including a criminal history report, if applicable.
- I understand that as a Program Candidate I am required to comply with the State of Delaware [Employee Code of Conduct](#).

- I certify that I have read, understand, and **AGREE TO COMPLY** with the terms and conditions set forth in this agreement, and specific policies provided below:

[1. Respectful Workplace Policy](#)

[2. DTI Acceptable Use Policy](#)

[3. Domestic Violence Policy](#)

[4. Drug-Free Workplace Policy](#)

[5. Executive Order #30](#)

[6. Sexual Harassment Prevention Policy](#)

[7. Workplace Violence Policy](#)

- I understand and agree to submit an evaluation of the State of Delaware's Program Coordinator at the conclusion of the assignment.
- I understand and agree to include my DVI/DVR Counselor on all communications throughout duration of the program assignment.

DVI/DVR COUNSELOR INFORMATION

Counselor's Name:

Contact Phone:

Contact Email:

CANDIDATE SIGNATURE

As a Program Candidate, I understand that my signature below confirms that I acknowledge and accept all terms and conditions outlined in this program agreement.

Candidate Signature

Date

HIRING MANAGER

- I understand and agree to orient the Program Candidate to the Agency/Department's operations.
- I understand and agree to orient the Program Candidate to the Agency/Department's policies procedures regarding appropriate dress, office hours, and applicable leave policies.
- I understand and agree to introduce the Program Candidate to the appropriate professional clerical staff, and ensure they are provided the necessary communication chain information.
- I understand and agree to provide the Program Candidate with adequate resources necessary to accomplish job objectives.
- I understand and agree to meet with the Program Candidate regularly to discuss progress throughout the duration of the program, and provide any and all necessary feedback.

- I agree to assign and supervise the completion of tasks and responsibilities that are consistent with the Program Candidate's role in the Agency/Department. An official Job Description/Job Summary will be provided in advance of the first day of the assignment.
- I agree to consult with the Program Coordinator in the event I become aware of personal, communication or other problems that may cause disruption in the Program Candidate's experience.
- I agree to submit any and all evaluations, and any required performance documentation.
- I understand and agree to include the DVI/DVR Counselor on all important communications throughout the duration of the program assignment.
- I understand that my signature below confirms that I acknowledge and accept all terms and conditions outlined in this program agreement.

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Hiring Manager Signature	Date
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PROGRAM COORDINATOR

- I have reviewed the Program Agreement and all sections are complete.
- I have reviewed the Program Agreement to ensure all required signatures are present.
- I have confirmed the Program Candidate has **Agreed to Comply** with the above outlined policies.
- I have forwarded all applicable documents to the appropriate DVI/DVR Counselor.
- I understand that my signature below confirms that I acknowledge and accept all terms and conditions outlined in this program agreement.

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Program Coordinator Signature	Date
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