



Saratoga County
Career Center

A proud partner of the AmericanJobCenter network

Saratoga County Career Center

152 West High Street Ballston Spa, NY 12020

Phone: (518) 884-4170 | Fax: (518) 884-4262

Director – Jenniffer McCloskey

Potential Worksite Memorandum

2023 Summer Youth Employment Program

THE PROGRAM

The Summer Youth Employment Program (SYEP) is a grant funded, eight-week summer program for eligible youth (age 14-20) to earn money, receive initial financial literacy education, and gain basic employment readiness soft skills to prepare them for success in the workforce with the support of a youth program counselor. The overall grant program is administered by the NYS Office of Temporary and Disability Assistance and implemented by the Saratoga County Career Center. The grant funds provided are used to pay the wages of youth participants (\$15/hr) and enable employment counselors to assist the youth with education/training support and employment related services. Youth are required to apply for the program annually and eligibility is determined by household income. Eligible youths are matched with one of the numerous worksites throughout Saratoga County. Job matches/assignments are made by me based on the youth's interview with them and the suitable jobs available.

HOW IT WORKS – WORKSITE EXPECTATIONS

Worksites need to offer meaningful work in a well-supervised environment. For the program to be successful, collaboration between the myself and the worksite is crucial. The program services to foster students both with initial work experience as well as providing additional support to guide them on their future career pathways. I will work with the worksite supervisors to help with any youths that are struggling with some of the basic soft skills. It is expected that the worksite be able to provide adequate supervision and mentorship to supplement my guidance. The 2023 SYEP time period is June 26 – August 31, 2023. Worksites select an 8-week window of time that works for them. In an effort to provide the most support to the youth and the worksites, youth will only be able to work Monday – Friday when I am available.

APPLYING TO BE A WORKSITE

If you are interested in supporting, mentoring and developing our community's youth as a worksite for the Summer Youth Employment Program, please fill out the attached Worksite Application with a current Certificate of Liability Insurance (see memo attached). **Worksite applications are accepted via mail or email.** I have also enclosed a participant application for you to make copies and hand out to any youth you think might be eligible and you are interested in having at your worksite. The youth application is also available on our website <https://thejoblink.org/youth/>.

If you have any questions, please do not hesitate to reach out to me.

Thank you in advance for considering participation in the 2023 Summer Youth Employment Program!

Kassandra Purcell

Youth Program Counselor

518-884-4904 | kmpurcell@saratogacountyny.gov



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Youth Counselor - Kassandra Purcell

2023 SUMMER YOUTH EMPLOYMENT PROGRAM

Worksite Information

Business Name _____

Address _____ City _____ Zip code _____

Contact Name & Title _____

Phone _____ E-mail _____

Description of Business

Experience employing youth? [] No [] Yes

Dates to employ youth (Up to 8 weeks, 06/24/23 - 08/18/23 Monday - Friday ONLY)

Start Date _____

End Date _____

Supervision

Immediate Supervisor _____ Title _____

E-mail _____ Phone _____

Alternate Supervisor _____ Title _____

E-mail _____ Phone _____

Safety/Labor Standards

Saratoga County Department of Employment & Training (DET) is very concerned with the safety of our participants. Strict adherence to safety procedures is expected at all times. Participants must be provided with safety equipment where appropriate (e.g., safety glasses, work gloves, reflective vests). Any specialized training required to enable participant to safely and satisfactorily perform on the job is the responsibility of the worksite.

There are limitations on employment of minors for youth employment programs including the hours they can work and type of work they are allowed to do. Please reference the Division of Labor Standards, Laws Governing the Employment of Minors handbook or the NYS Department of Labor website (www.labor.ny.gov). Copies of the handbook can be obtained from Saratoga DET if needed.

Funding

Does your agency/business have funds from any other source for the position requested?

No Yes, funding source _____

Has this position ever been funded through any other source?

No Yes, funding source _____

Do any layoffs or work stoppages exist at your agency / business?

No Yes

Transportation

Is travel involved in this position? No Yes

If yes, is transportation provided for this position? No Yes

Equal Employment Opportunities

Is your agency/business (or worksite) accessible to the handicapped? No Yes

Is there a grievance procedure in place in your agency/business? No Yes

If no, interested parties and participants are entitled to use DET's grievance procedure.

No party involved may discriminate with respect to any participant because of race, creed, color, national origin, sex, political affiliation or belief.

Certificate of Liability Insurance

Saratoga County requires that each worksite applicant meet specific liability provisions. Please submit your insurance certificate with the application. We cannot consider your application without an insurance certificate on file. If you have any questions regarding Liability Insurance, please contact Deb Bishop at dbishop@saratogacountyny.gov.

Signature

The agency/business authorized representative hereby certifies that the information in this application is correct to the best of his/her knowledge and belief. The agency further certifies that compliance with applicable labor laws is the responsibility of the worksite.

Signature of Authorized Agency / Business Representative

Date

Printed Name of Authorized Agency / Business Representative

2023 Labor Union or Agency Endorsement of SYEP Program

Worksite _____

Job Title _____

Are employees at this worksite represented by a collective bargaining unit (labor union)?

NO, complete Section II.

YES, complete Section I

(↓ YOU MUST FILL IN ONE OF THE OPTIONS BELOW ↓)

Section I Union Endorsement (to be completed by Union Representative)

As the authorized bargaining agent for the union in existence at this agency, I am aware of the Employment Program and have determined that it does not infringe upon the rights of any union member covered under our collective bargaining agreement.

Name of Union _____

Name of Representative _____

Title _____

Signature _____ Date _____

Section II Agency Endorsement (to be completed if no union exists at your agency)

If Employees at this agency are not represented by a labor union, the authorized agency representative must sign below, attesting to the same as above.

Agency Representative _____

Title _____

Signature _____ Date _____

This endorsement will become a part of the worksite agreement between the Saratoga County DET and the Worksite regarding the employment of eligible youth.

**Please fill out all sections of the JOB DESCRIPTION
and WORKSITE ASSIGNMENT forms.**

Job Description

The job description should be detailed and specific and **must** contain the following information; job title and number of positions requested, examples of work, basic skills, work readiness and occupational skill utilized, required knowledge, skills and abilities, and any special requirements.

Name of Worksite _____

Start date _____ End date _____ Number of positions requested _____

Job title _____ Minimum age required _____

Job title _____ Minimum age required _____

FOR QUESTIONS BELOW PLEASE SPECIFY IF DIFFERENT TITLES

Description of work to be performed

Required knowledge, skills and abilities

Basic skills, work readiness skills and occupational skills utilized in this position

Dress Code or other special requirements

Saratoga County is an Affirmative Action/ Equal Opportunity Employer-Auxiliary aids and services are available upon request to individuals with disabilities.

WORKSITE ASSIGNMENT

Schedule

Please complete the attached schedule form. The number of hours youth can work each week will depend on total program budget. We always strive for the maximum number of hours and will inform if we need to reduce at any point during the program.

Are provisions made for inclement weather? No Yes N/A

Please state what the participants will do in case of inclement weather

Please leave "Name of Employee" blank and begin with "My Assigned Worksite" below filling in your agency name and completing all remaining areas of this form. This form will be given to the assigned youth once matched with your worksite.

Name of Employee _____

My Assigned Worksite _____

My Job Title _____

My Supervisor's Name _____

My Worksite Phone Number _____

My First Day of Work _____

I Will Report At (exact time and location) _____

Work Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Start					
Lunch					
End					

**NYS Labor Law states that the noontime meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noontime meal period is entitled to at least a 30-minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.*

Please use this page to inform us of anything additional we would need to know about youth you are able to employ for the summer (i.e., mandatory trainings, youth will be sent home if wearing inappropriate footwear or clothing, etc.).