

Host Agency Assignment Description

IMPORTANT: COMPLETE THIS FORM AND RETURN TO _____
Agency Name

1. Name of SCSEP Participant: _____
2. Title assigned to SCSEP Participant: _____
3. Training objective (*what skills will be taught to enrollee*):

4. Hours and Days of Work: _____
5. Rate of Pay: _____
6. Name of Host Agency: _____
Address of Host Agency:

7. Address where SCSEP Participant works, if different:

8. SCSEP Participant phone number during working hours (*include area code*): _____
9. SCSEP Participant Supervisor's Name: _____
10. Assignment duties and responsibilities (*use extra space on back if necessary*):

11. Skills, experience or training required for the assignment:

Completed by: _____ Title: _____

Date completed: _____

This assignment description has been explained to me and I understand my duties.

Signature of SCSEP Participant: _____ Date: _____