

Employment Service Training Incentive Placement Agreement

Note: Fields preceded by an asterisks (*) are mandatory data elements for reporting.

Trainee Name Last Name		First Name
Trainee ID (CaMs Client Reference Number)		Employer ID
Business Name (Employer)		Telephone Number
Employer Contact Last Name		Employer Contact First Name
Service Provider Name		Telephone Number
Service Provider Contact Last Name		Service Provider Contact First Name

Section 1 – Terms and Conditions of the Training Incentive Placement Agreement

Job Title

Days of Work	Hours of Work	Rate of Pay of Employee (\$) _____ /hours for _____ weeks
--------------	---------------	--

Pay Schedule

Employer Reimbursement Schedule

Total Placement Incentive Committed*

Placement Agreement Effective Start and End Dates

Effective Start Date (yyyy/mm/dd)	Effective End Date (yyyy/mm/dd)
-----------------------------------	---------------------------------

Section 2 – Responsibilities

2.1 The Employee will

- a) perform the placement/employment duties described in the Training Plan attached hereto as Appendix A (“Training Plan”);
- b) endeavour to meet the training goals and training outcomes described in the Training Plan;
- c) contact the Service Provider regarding any training related problems or concerns that arise during the term of the Agreement;
- d) provide to the Service Provider evaluation information of the training provided by the Employer pursuant to the Agreement; and
- e) provide the Employer with written notice of intention to terminate this Agreement, stating the effective date of termination, and the reason(s) for it.

2.2 The Employer will

- a) provide the Employee with the training described in the Training Plan;
- b) provide the Employee with the same employment terms, conditions and benefits provided to the Employer's other employees at the Employee's job level;
- c) make all legally required employer and employee contributions and deductions in respect of the Employee including but not limited to CPP, EI, and provincial and federal income tax;
- d) pay the Employee directly in the amount described in Section 1;
- e) ensure the Employee receives adequate supervision, regular and continuing instruction, and sufficient opportunity to learn the job duties, including orientation training in workplace health and safety;
- f) comply with all applicable employment related provincial and federal employment legislation;
- g) maintain adequate employee coverage under the *Workplace Safety and Insurance Act* or alternative workplace safety insurance;
- h) maintain adequate third party liability coverage;
- i) keep accurate attendance records of the Employee, including days and hours worked;
- j) inform the Service Provider immediately if the Employee is to be dismissed, or has quit, before the end of this Agreement;
- k) provide evaluation information to the Employee and Service Provider regarding the Employee's progress in relation to the Training Plan;
- l) ensure that no regular full-time or part-time employees are displaced in any way by the employment of the Employee;
- m) not be receiving government funding from any other sources for this training placement;
- n) not hire his/her spouse, sibling or child as an Employee under this Agreement;
- o) comply with applicable ES Guidelines as per the advice and guidance provided by the Service Provider; and
- p) inform the Service Provider immediately of any accident or injury to the trainee while on the job, and submit all documentation required by the *Workplace Safety and Insurance Act/Workplace Safety and Insurance Board (WSIB)* or alternative workplace safety insurance company;
- q) submit all documents to the service provider within one month of the placement ending to be eligible for placement funding reimbursement.

2.3 The Service Provider will

- a) conduct at least on initial employer site visit, prior to any placement(s) to confirm that the Employer can provide a suitable and safe workplace environment;
- b) provide support to the Employee and the Employer by monitoring the placement against the Training Plan (this may include unscheduled on-site visits);
- c) ensure that the terms and conditions of the Agreement including the Training Plan are met;
- d) if necessary, negotiate any amendments to the Agreement including the Training Plan with the Employee and the Employer;
- e) immediately terminate the Agreement if any or all parties are not fulfilling the terms and conditions of the Agreement and Training Plan;
- f) notify the Employer, in writing, of reasons for the early termination of this Agreement; and

Section 3 – Termination and Restrictions

If the Service Provider terminate the Agreement pursuant to clause 2.3(d) above, the placement/training incentives to the Employer will terminate immediately and the Employer and/or the Participant may be restricted from future participation in all Employment Ontario programs and services.

Section 4 – Amendments

Any amendments to the Agreement including the Training Plan must be in writing and dated and signed by all three parties in the Agreement.

Section 5 – Workplace Insurance Coverage - Claims

The employer has elected to file claims as follows:

The employer will provide employee accident coverage for the trainee during this placement through its own WSIB or alternative workplace safety insurance coverage.

The employer has WSIB coverage and claims will be covered by the Ministry of Labour, Immigration, Training and Skills Development' WSIB policy.

Section 6 – Placement Agreement Sign-Off

The Service Provider has provided information with regards to the rights and obligations pertaining to employment standards prior to the start of this placement.

Employer's Initial

Participant's Initial

The parties warrant that they have read, understood and agree to comply with the Agreement.

Employer's Name	Employer's Signature	Date (yyyy/mm/dd)
Trainee's Name	Trainee's Signature	Date (yyyy/mm/dd)
Parent's Name (if trainee is under 18)	Parent's Signature (if trainee is under 18)	Date (yyyy/mm/dd)
Service Provider's Name	Service Provider's Signature	Date (yyyy/mm/dd)

Appendix A of the Training Incentive Placement Agreement

Employment Service Participant Training Plan

Trainee Name

Last Name

First Name

Field Identifier (Service Provider Use Only)

Service Provider's Name

Employer's Name

Section 1 – Training Plan – (Attach more detailed information as required)

Note: Apprenticeable and professional occupations require 4 digit NOC; otherwise 1 digit NOC.

Placement NOC

Placement NAICS

Number of Monitors

1) Key placement/employment duties (Brief description of the job duties and components of the job)

2) Training goals and expected training outcomes (Brief description of the specific skills and competencies that the participant is expected to achieve and the timeframes)

3) Training and support that will be provided (Brief description of training approach and time frames)

Section 2 – Evaluation (attach more detailed information, as required.)

Employer's Evaluation (Assessment of the skills the trainee has achieved against the goals and outcomes identified.)

What skills did the trainee attain during the training period?

Are you offering this trainee continued employment?

Have you/will you provide a reference?

If "No, why?"

Trainee's Evaluation (Assessment of skills you have acquired against goals/outcomes.)

What skills, competencies, and knowledge did you gain during this training?

Signatures

Employer's Name	Employer's Signature	Date (yyyy/mm/dd)	Telephone Number
Trainee's Name	Trainee's Signature	Date (yyyy/mm/dd)	Telephone Number
Parent's Name (if trainee is under 18)	Parent's Signature (if trainee is under 18)	Date (yyyy/mm/dd)	Telephone Number
Service Provider's Name	Service Provider's Signature	Date (yyyy/mm/dd)	Telephone Number

For Service Provider Use Only**Service Provider Staff Assessment**

Did Participant achieve goals outlined in the plan?

Comments

Placement Information

Actual Start Date (yyyy/mm/dd)

Actual End Date (yyyy/mm/dd)

Incentive expenditure and Training Support Records*

Incentive Expenditure	Employer Signing Bonus Included?	Date (yyyy/mm/dd)	Training Support Expenditure	Date (yyyy/mm/dd)

Actual Cost

Placement Results*

Trainee's Status at Exit

Early termination?

If "Yes", reason(s)

Participant interested in further Service?