



Osage Nation Financial Assistance Department

WORK-SITE AGREEMENT

The following agreement is entered into between the Osage Nation Financial Assistance Department; hereinafter referred to as the grantee and the organization as listed; hereinafter, referred to as the worksite:

PARTICIPANT NAME	START DATE	END DATE
WORKSITE NAME	WORKSITE ADDRESS	
WORKSITE EMAIL	PHONE	CITY
		STATE
		ZIP

Provide a brief description of the participant's duties and assignments: _____

Upon completion of this placement, what employment skills &/or training with the participant obtain? _____

Both parties agree to the following terms, by signing below:

1. Adhere to the provisions of the Department of Labor child labor laws, FLSA and ONFAD program policies.
2. Provide adequate training and supervision for each participant.
3. Provide a safe and healthy work environment for the participant to obtain knowledge, experience and skill.
4. Ensure that sufficient work will be available to occupy all participants during work hours.
5. Provide sufficient equipment and/or supplies to carry out work assignments.
6. Provide a 15 minute break in the morning and afternoon and allow a lunch time consisting of 30 minutes minimum.
7. Participants do not receive incentives for absences or unworked hours, to include federal holidays.
8. Guarantee that no participant will be required or allowed to work more than (32) hours each week.
9. Cooperate with personnel from the Osage Nation and provide verification of above in a timely manner.
10. To ensure participants are not directly supervised by immediate family members.
11. In the event of personnel conflicts or unsatisfactory performance, the worksite will notify the ONFAD for assistance or a transfer.
12. In the event of a health emergency, the worksite should direct the participant to the nearest medical facility for treatment and immediately notify the ONFAD at 918.287.5325.
13. This is a written agreement holding the aforementioned worksite location harmless from any injury sustained.

Supervisor: _____ Phone: _____ Fax: _____

AUTHORIZED SIGNATURE OF WORKSITE	TITLE	DATE
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AUTHORIZED SIGNATURE OF GRANTEE	TITLE	DATE
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