



County of Los Angeles
Workforce Development, Aging & Community Services
Workforce Development, Programs & Operations
Senior Community Service Employment Program (SCSEP)
Host Agency Training Order Request Form



Type of Request: Initial Additional Replacement For: _____

Name

Reason for Leaving

Host Agency Name	
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Training Site	
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Federal Employer Identification Number (FEIN)	
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Supervisor Information

Trainee Supervisor	
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Email Address	
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Phone	
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Cell Phone	
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Work Schedule

Participant Work Schedule										
From: _____ To: _____	<input type="checkbox"/>	M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	Th	<input type="checkbox"/>	F
From: _____ To: _____	<input type="checkbox"/>	M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	Th	<input type="checkbox"/>	F

NOTE: A Host Agency Training Order Request Form must be submitted in full for each position requested.

Authorized Host Agency Staff Name & Title

Signature

Date

Approved By: SCSEP Program Director (or Designee)

Signature

Date

AJCC Name: <i>Senior Community Service Employment Program</i>	Training Site:
AJCC Address:	Address:
Email:	Phone:
Phone:	Training Title:
<input type="checkbox"/> Initial <input type="checkbox"/> Upgrade/Revision Date: _____	

INSTRUCTIONS

1. Fill in ALL information requested
2. Use additional pages if necessary
3. Training Assignment Description must be signed and dated by supervisor and trainee, who should receive a copy.
4. Send this completed, signed form to the SCSEP office as addressed above by e-mail or fax. Supervisor keeps a copy and gives a copy to the trainee.

TASKS TO BE PERFORMED BY TRAINEE (List in order of importance):

LEARNING SKILLS & OBJECTIVES (How are these tasks applicable for unsubsidized employment)?

WHAT WILL YOUR AGENCY DO TO ASSIST THE PARTICIPANT FIND A SUITABLE PLACEMENT? (Explain):

SPECIFIC ORIENTATION TO BE PROVIDED - Provide dates, anticipated length of orientation, specific training to be provided, subjects to be covered, and person(s) organization providing the training, (Examples: your organization, technology training for remote work, etc):

Name of Immediate Supervisor (print)

Participant Name (print)

Supervisor Signature Date

Participant Signature Date

Authorized Host Agency Staff Name & Title