



**LINN COUNTY SMALL EMPLOYER
FIRST TIME EMPLOYMENT YOUTH WAGE GRANT - 2016**

Please complete a reimbursement form for **each** youth.

Employer Name: _____

Employer Address: _____

Participant Name: _____

Participant Address: _____

To receive reimbursement, all information requested on this form will have to be completed and the form returned to the Linn County Board of Commissioners, P.O. Box 100, Albany, OR 97321, with wages paid documentation. If you have any questions in filling out this form, please call the Linn County Board of Commissioners at 541-967-3825. **The deadline to submit a reimbursement form is November 11, 2016.**

Reimbursement requests must cover a pay period of at least 30 days or for the entire program period, or may be made at the time a youth is terminated. Payment will occur within 30 days of receipt of the request for reimbursement.

Wage Reimbursement Information: Maximum employer reimbursement per youth is up to **\$1,000**; maximum reimbursement per employer cannot exceed **\$3,000**.*

Wage Reimbursement Period from _____ through _____

	<u>Hours</u>	<u>\$2.00 per hr.</u>	<u>Total Reimbursement*</u>
Hours Worked:	_____ X _____	_____ \$2.00	\$ _____

Attach documentation that the declared wages were paid. Examples, pay stub and copy of payroll check, temp employment billing statement w/ copy of payment check.

Employee Employment Information:

- () This employee is still working for your company
- () This employee has been hired into a permanent employment position
- () This employee is no longer working for your company. Their last day worked was: _____

How satisfied were you with this program:

Very Satisfied _____ Satisfied _____ Neutral _____ Dissatisfied _____ Very Dissatisfied _____

Comments: _____

I **certify** this request for wage reimbursement request is true and correct and that my company at all times relative and material to the payroll period stated herein was in compliance with all Federal and State labor laws including youth labor laws and including State Worker Compensation Law (ORS chapter 656) and State Board of Labor and Industry (BOLI) rules and regulations. I certify that the information on the employee's INS I-9 form in my file is current and correct and may be inspected by the County at any time. Employer understands and agrees that by signing a certification, the employer represents that it is addressing, as may be required, any Social Security "no-match" letters received by the Employer.

Employer Signature _____ Date _____

MAIL COMPLETED FORM TO: Linn County Board of Commissioner, PO Box 100, Albany, OR 97321