

TAB 12



City of Palmetto Agenda Item

Meeting Date

2/15/10

Presenter: Chief Lowe **Department:** Police Department

Title:

The police department would like to enter into an agreement with the Suncoast Workforce Board, Inc. to take advantage of their Employed Worker Training program. This program is designed to assist area employers by partially funding training for eligible employees. Based on the City's workforce, the program will re-imburse the City 75% of the cost of training and associated materials. This funding opportunity will allow the Department to stretch its training budget and send employees for training that don't normally get many outside training opportunities.

The Department would like to send five of its six dispatchers to a one day course offered by Powerphone on telephone suicide intervention. The training is being offered locally, so there is no cost for lodging or accomodations. Normally, this training would cost the Department \$945.00 (for 5 employees). By taking advantage of this program, the Department's cost will be \$236.25. These funds will be taken from our training budget (0015215413).

Budgeted Amount: \$6,775.00 **Budget Page No(s):** 71 **Available Amount:** \$6,368.00 **Expenditure Amount:** \$236.25

Additional Budgetary Information: From Technical and Training #0015215413

Funding Source(s): Above line plus Employed Worker Training program **Sufficient Funds Available:** Yes No **Budget Amendment Required:** Yes No **Source:**

City Attorney Reviewed: Yes No N/A **Advisory Board Recommendation:** For Against N/A **Consistent With:** Yes No N/A

Potential: No negative impact on the budget.

**Motion/
Direction
Requested:**

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Staff Contact:

Lt. Scott Tyler	723-4587 x360	styler@palmettopolice.com
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Attachments:

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SUNCOAST WORKFORCE BOARD (SWB)
EMPLOYED WORKER TRAINING (EWT)
EMPLOYER AGREEMENT

Member: Employ Florida

To be Completed by Employer

Company Name: _____

Address: _____

City State Zip Code Phone Number

Fax Number: _____

Type of Business: _____

Contact Person & Title: _____

Do you or your organization have any affiliation with the Suncoast Workforce Board/Jobs ETC? If so, please explain: _____

Employer Contribution (percentage): _____

Suncoast Workforce Board Contribution (percentage): _____

As the company representative, I agree to allow my designated employees (names attached) to receive specific training as authorized by our company. These employees require training to upgrade their skills either to avoid layoff by keeping our company competitive or fill the need for trained employees in jobs identified as being a critical need, and/or to qualify entry or mid-level employees for a career advancement and/or higher wages, enabling them and their families to become/remain self-sufficient. I agree to retain in employment those employees that successfully complete the training program; with the understanding that each employee will be required to continue to meet the company's performance requirements. I, also, understand that this training is short term (less than 90 days).

I understand that each employee will be required to complete an intake by SWB/Jobs ETC staff and I agree to authorize SWB to coordinate this process and will submit documentation, including copies of the employees Employment Eligibility Verification (form I-9) with supporting eligibility documentation, two (2) business days prior to intake. Intakes must be completed by the SWB/Jobs ETC staff within a minimum of two (2) business days prior to training. I understand that follow-up information on the employment status of participating employees is required and agree to provide this information.

Authorized Company Representative Signature

Date

Labor Exchange Officer or Director of Business Services Signature

Date

SWB President/CEO Signature

Date

An equal opportunity employer/program Auxiliary aids and services are available upon request to individuals with disabilities. TTY: dial 711.