

# Expanded Subsidized Employment Agreement

# Employee Midpoint and Completion Questionnaire

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| --- | --- |
| Employee Name: | Agreement #: |
| Employer: | Interview Date : |

(**Note: Interview to be completed on-site**.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Are you receiving the direction you need to do your job? | Yes |  | No |
|  | If no, explain: |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
| 2. | Do you have any concerns about the duties you are performing? | Yes |  | No |
|  | If yes, explain: |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
| 3. | Do you feel your skills have improved as a result of this work assignment? | Yes |  | No |
|  | If no, explain: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 5. | Is your work being evaluated by a supervisor? | Yes |  | No |
|  | Explain: |  |  |  |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
| 6. | Are you being compensated at the wage as indicated in the agreement? | Yes  No | | |
|  | Explain: |  | | |
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Employee Signature Date

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Service Provider Signature Date