# Expanded Subsidized Employment Agreement

**Employer Midpoint and Completion Questionnaire**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Is the employee completing assigned duties in a timely manner? |  | Yes |  | No |
|  | If no, explain: |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 2. | Is the employee responsive to supervisor’s directions? |  | Yes |  | No |
|  | If no, explain: |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3. | Are there any issues with the employee’s attendance? |  | Yes |  | No |
|  | If yes, explain: |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 4. | Are there any areas of concern regarding employee’s performance? |  | Yes |  | No |
|  | If yes, explain: |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 5. | In your opinion would this employee benefit from skills training? |  | Yes |  | No |
|  | If yes, explain: |  |  |  |  |
|  |  |  |  |  |  |

**By signing below you are attesting that employment through midpoint did occur as indicated:**

Authorized Employer Signature Date

Service Provider Signature Date