



**ONEIDA COUNTY**

**YOUTH EMPLOYMENT PROGRAM**

**2024/25 WORKSITE REQUEST FORM**



**DATE:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**AGENCY CONTACT:** \_\_\_\_\_

**AGENCY PHONE NUMBER:** \_\_\_\_\_

**JOB DESCRIPTION**

**JOB TITLE:** \_\_\_\_\_ **# OF YOUTH REQUESTED:** \_\_\_\_\_

**SPECIFIC JOB DUTIES** (Attach additional sheets if requesting to hire more than one youth worker and job duties are different)

\_\_\_\_\_

**MINIMUM AGE REQUIREMENTS:** \_\_\_\_\_

**ACTUAL WORKSITE LOCATION:** \_\_\_\_\_

**YOUTH WORKDAYS AND HOURS:** \_\_\_\_\_

**IMMEDIATE SUPERVISOR AND TITLE:** \_\_\_\_\_

**IMMEDIATE SUPERVISORS PHONE NUMBER:** \_\_\_\_\_

**ALTERNATIVE SUPERVISOR AND TITLE:** \_\_\_\_\_

**ALTERNATIVE SUPERVISORS PHONE #:** \_\_\_\_\_

**INCLEMENT WEATHER PLAN** (Include inclement weather worksite location if different from above) \_\_\_\_\_

\_\_\_\_\_

**COMMENTS** (Include need for special uniforms, tool, and/or equipment & skills) \_\_\_\_\_

\_\_\_\_\_

Return this form to the Office of HMO Workforce Development Board, 209 Elizabeth St., Utica, NY 13501. This form can be emailed to [zfebo@working-solutions.org](mailto:zfebo@working-solutions.org). If you have any questions about the Youth Employment Program, please call Zuleyka Febo, Coordinator of Youth Employment Program, at (315) 207-6951 ext. 144.