

WORKFORCE SERVICES

sdjobs.org

2022 SUMMER PASSPORT YOUTH PROGRAM

PART A

Participant name (first and last): _____

FULL MAILING ADDRESS: _____

Where the check will be mailed

Phone number: (____) _____ - _____ OR Email address: _____

PART B: INCENTIVE

Event Date: _____

Event Description: (include location, activity, and/outcomes, etc...)

\$25.00 incentive for in-person attendance at each events listed above = Incentive Total: \$

PART C: JOB SHADOW

+

Business name: _____

Position: _____ \$15.00 x _____ Hours = Job Shadow Total: \$

Number of hours

=

PART D: PAYMENT REQUEST

Incentive Total + Job Shadow Total

= Total Payment: \$

DLR Staff Authorization

I attest that the individual named above has attended and participated in the event description above.

DLR Staff Signature

____/____/____
Date

Manager Signature

____/____/____
Date

Submission: Non-Title I attendees: Email Completed form to DLRfiscal@state.sd.us; **Subject line:** Summer Passport Payment
Title I participants: Attach to payment voucher when processing payment, send to manager for approval as normal