

TEAP Program Summary

Agreement Number:

1. Participant's name:
2. Start date:
3. End date:
4. Hourly wage:
5. Hours employed per week:
6. Weekly gross wages:
7. Reimbursement rate per month:
8. Number of months of subsidized employment:
9. Maximum reimbursement (7 X 8):

Participant's job title:

Job description: