

## REFUGEE MUTUAL RESPONSIBILITY AGREEMENT

I, \_\_\_\_\_, agree to the following **REQUIREMENTS** for (agency's) employment services:

- \_\_\_ I agree to follow my Mutual Responsibility Agreement (MRA) and Plan of Action.
- \_\_\_ I will register for work with (agency)
- \_\_\_ I agree to participate in any employability service program made available through the (agency's) employment services which provides job training, language training, or other employment skills.
- \_\_\_ I will keep all scheduled appointments with the (agency's) employment services staff. If I am unable to keep an appointment, I will contact my (agency's) employment services staff at least two hours in advance of the scheduled appointment.
- \_\_\_ I agree to participate in any job interviews arranged by the (agency's) employment services staff.
- \_\_\_ I will accept any offer of employment determined to be appropriate by the (agency's) employment services staff.
- \_\_\_ If I accept employment outside the (agency's) employment services, I will immediately contact the (agency's) employment services staff.
- \_\_\_ Upon acceptance of employment, I will go to work on the starting date agreed upon at the time of employment.
- \_\_\_ Before I quit a job, I will talk with my (agency's) employment services staff.
- \_\_\_ I will contact the (agency's) employment services office immediately if a problem occurs, or if I have changes that prevent me from participating in the activities written in this MRA. Failure to comply with the MRA may cause reduction or termination of the (agency's) employment services.
- \_\_\_ I will not, without good cause, voluntarily quit employment.
- \_\_\_ I understand that, if I voluntarily quit employment or do not follow my Mutual Responsibility Agreement, I will be suspended from (agency's) employment services.
- \_\_\_ If I voluntarily quit employment or do not follow my Mutual Responsibility Agreement, I understand that a Plan of Action must be implemented before employment services are reinstated.
- \_\_\_ If I voluntarily quit employment or do not follow my Mutual Responsibility Agreement, I understand that my name will be placed at the bottom of the (agency's) list for employment services until I implement the Plan of Action outlined for me by the (agency's) employment services staff.
- \_\_\_ If I voluntarily quit employment, quit a job without notice, or refuse a job offered to me by the (agency's) employment services staff, I understand that the Department of Social Services will be notified, and any benefits due me may be reduced or terminated.

**The (agency) Employment Services staff agrees to help you find and keep a job by:**

- Referring you only to appropriate employment opportunities, with wages which meet or exceed the federal or state minimum wage;
- Referring you only to employment opportunities with daily and weekly work hours within what is customary;
- Referring you only to employment opportunities that are within your ability to perform on a regular basis;
- Referring you only to employment opportunities that are within an agreed-upon daily commuting time, and which allow any necessary child care arrangements;
- Referring you only to employment opportunities with a work site that meets all applicable health and safety standards;
- Referring you only to employment opportunities whose policies do not allow discrimination in the workplace as regards age, sex, race, creed, color, or national origin;
- Assisting in coordinating services such as child care, transportation, and other services as specified in your MRA and/or Plan of Action;
- Making referrals to other community services and resources to help you become economically self-sufficient;
- Providing assistance with job training, language training, or other employment skills as determined appropriate by the (agency's) employment services staff;
- Negotiating with you when the Plan of Action needs to be updated or changed.
- Providing these policies to you in your first language, either by interpretation or in writing.
- Providing you a copy of the State Refugee Program Grievance Policy.

I understand what is required of me. I also understand that (agency's) employment services may be reduced or terminated if I fail to comply, unless I have good cause as described in the Refugee Assistance Program Policy. I also understand that I have the right to appeal any actions taken by the (agency's) Employment Services staff.

Client \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Alien Number \_\_\_\_\_

(Agency) Employment Services Staff \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Title \_\_\_\_\_

Interpreter's Signature \_\_\_\_\_ or Translation Attached