



# Work Opportunity Request Form

## ELO Coordinator Information

Name: \_\_\_\_\_ Geographic Location: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Student Associate Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Pay Rate: **Current Minimum Wage** Schedule: \_\_\_\_\_  
 Under 18:  yes  no Will Student Associate Have Job Coach Onsite:  yes  no  
 School Name: \_\_\_\_\_ School Location: \_\_\_\_\_

## Job Description *List specific tasks. What will the student associate be doing? What are the physical requirements?*

<b>Tools/Equipment Used:</b>	<b>Potential Hazards:</b>	<b>PPE Required:</b>
<input type="checkbox"/> Hand Tools:	<input type="checkbox"/> Chemicals:	<input type="checkbox"/> Steel Toed Shoes
<input type="checkbox"/> Power Tools:	<input type="checkbox"/> Lifting:      lbs.	<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Machinery:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> N/A		

**What Safety Training is Provided by the Worksite:**

## Worksite Information *Worksite may be contacted by Manpower.*

Worksite Name: \_\_\_\_\_ Worksite Address: \_\_\_\_\_  
 Worksite Contact: \_\_\_\_\_ Worksite Contact Phone: \_\_\_\_\_  
 Worksite Contact Email: \_\_\_\_\_ Worker is Supervised at All Times:  yes  no  
 Health Related Precautions:  Mask  Vaccination  Other: \_\_\_\_\_  N/A

## Submit Completed Employment Packet to Manpower

Email all completed documents to:

**Briana Lagasse**  
 briana.lagasse@manpower.com  
 207-229-2194

- Please allow up to 3 business days for Manpower to review and respond
- Students are not authorized to begin work until you receive an email authorization from Manpower

## Program Management Contacts

<b>Kay Kerina</b> kaylin.kerina@maine.gov 207-215-6803	<b>April Clark</b> april.clark@manpower.com 207-333-8704
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