



# Work Opportunity Request Form

## ELO Coordinator / Supervisor Information

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

## Student / Youth 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?*

### Tools/Equipment Used:

- Hand Tools:
- Power Tools:
- Machinery:
- Other:
- N/A

### Potential Hazards:

- Chemicals:
- Lifting:        lbs.
- Other:
- N/A

### PPE Required:

- Steel Toed Shoes
- Safety Glasses
- Other:
- 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

Email all completed documents to **both:**

**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

**Karen Morin** **April Clark**  
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