Letterhead

Date

Dear \_\_\_\_ (employer)

Thank you for hiring an older worker in your most recent position opening. On behalf of the North Carolina Senior Community Service Employment Program (SCSEP), I thank you for the placement of an older worker at your agency.

Helping SCSEP Participants retain the jobs they have worked so hard to obtain is an integral part of the Program. As the Program Manager, I will contact you periodically, for up to 15 months after placement in unsubsidized employment, to see how the older worker is doing at your organization. I will also be asking for information on your earnings during this time. Please remember to keep your pay stubs through-out this follow-up period so we can accurately complete our follow-up reports. Additionally, we may be able to recommend resources to help your employee overcome barriers that may affect continued employment, including meeting with the employee and your staff to help iron out issues, or we may be able to refer you to additional employment opportunities.

Follow-ups for 1 year are required by the U. S. Dept. of Labor and State of North Carolina for all participants that leave the Title V Senior Community Service Employment Program for unsubsidized employment.

Thank you for your assistance. Please call me if you have any questions.

Regards,

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Please fax the following information to my attention at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Former Title V Participant (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact person/Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours per week does he/she work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the rate of pay? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ still employed by you? Yes □ No □

**Wages Statement of Pay $\_\_\_\_\_\_\_\_\_\_\_\_ (enter quarter dates)**

**Wages Statement of Pay** **$ \_\_\_\_\_\_\_\_\_\_\_\_ (enter quarter dates)**

Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_