



STEP-UP Emergency Contact Form 2015

STEP-UP Intern's Name: \_\_\_\_\_

Primary Parent or Guardian's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Secondary Parent or Guardian's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Other Emergency Contact's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you have any health concerns (medications, chronic conditions, allergies, behavioral or mental disabilities) that we should know about in order to ensure successful participation? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Sign: \_\_\_\_\_  
(Signature of Parent or Guardian)



**CITY OF MINNEAPOLIS  
Payroll Direct Deposit Authorization Form**

Name: Last, First, Middle Initial	Employee Number(6 digits)
Department	Work Telephone number

You can sign up on line at <http://insite/employee/index.html> or ask your payroll representative.

**ACTION:** Start \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

⇒ **EXCEPTION: DO NOT USE FOR City County Federal Credit Union.**

Indicate the financial institutions to directly deposit your net pay below.

**\*ATTACH A VOID CHECK OR A BANK ROUTING FORM FOR EACH ACCOUNT.**

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____-____-____
Account number	_____
All of net pay _____	or
Amount \$ _____	

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____-____-____
Account number	_____
All of net pay _____	or
Amount \$ _____	

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____-____-____
Account number	_____
All of net pay _____	or
Amount \$ _____	

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____-____-____
Account number	_____
All of net pay _____	or
Amount \$ _____	and <input type="checkbox"/> receive a check in the mail.

*I authorize the City of Minneapolis and the financial institution(s) named above to automatically deposit my net pay into my account(s) as directed by my selection above. This includes my authorization to reverse any entries made in error. This authority will remain in effect until I give written notice to cancel it.*

\_\_\_\_\_  
Signature Date



## Outstanding Performance Notice

Issued to: \_\_\_\_\_

Date: \_\_\_\_\_

Agency/Work Site: \_\_\_\_\_

Briefly describe the reason for the recognition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STEP-UP Youth Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

*This notice will become part of the personnel file.*

# Appendix: Intern Performance Evaluation

A STEP-UP intern's summer job builds upon and completes their work readiness training. To help interns gain as much as possible from their summer job experience, we ask supervisors to complete an evaluation in the middle and at the end of the summer. We will send supervisors an electronic copy of the evaluation with instructions on how to complete it. At the end of the summer supervisors will fill out the evaluation through a link or scannable form.

Skills Questions	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
Has a "can do" attitude even in negative situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks other people's input during joint work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knows where and how to get information to solve a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manages time to complete tasks on schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has strong critical thinking skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can make a prioritized to-do list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had a job opening, I would hire this employee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graciously accepts criticism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes responsibility for his or her actions and does not blame others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a team player.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies new and more effective ways to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes the effort to ensure tasks are done well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has strong teamwork skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dresses according to the defined norms of the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asks clarifying questions in conversations and presentations to make sure message was understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works hard to get the job done well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly pronounces words, making it easy for the listener to understand (e.g., pace, volume, enunciation).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this employee to a colleague, for a similar position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When speaking, is easy to follow and concepts are presented logically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stays calm, clearheaded and unflappable under stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looks at the pros and cons of potential solutions before selecting one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In written assignments, information is tailored to the task, purpose, and audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpacks problems into manageable parts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing is organized, making it easy for reader to understand and follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does not procrastinate and gets work done on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaks large assignments into a schedule of smaller deadlines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would seek out this person to be on my next project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively looks for ways to help other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a rich vocabulary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrives on time and is rarely absent without cause.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately remembers information from a conversation or presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates multiple potential solutions to problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perseveres in difficult tasks, not giving up when facing a setback or barrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signals listening in conversations and presentations (e.g. keeps eyes on speaker, smiles, nods, does not text, does not interrupt).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can accurately estimate time required to finish assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingly follows rules and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adapts approach in response to changes in plans or others' priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chooses words carefully when speaking (e.g. no technical jargon, slang, or potentially harmful language).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively looks for additional tasks when own work is done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talks to other people before taking actions that affect them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can read and understand complex documents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I definitely consider this youth work ready.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates professionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses mechanics of good written communication (e.g. complete sentences, proper grammar, correct spelling).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brings energy and enthusiasm to the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willing to learn new information, skills, or approaches, as needed, to solve a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MN Department of Labor and Industry  
 Workers' Compensation Division  
 PO Box 64221  
 St. Paul, MN 55164-0221  
 (651) 284-5032 or 1-800-342-5354  
 Fax: (651) 284-5731

# First Report of Injury

See Instructions on Reverse Side.

PRINT IN INK or TYPE  
 ENTER DATES IN MM/DD/YYYY FORMAT



DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA Case #		3. Time employee began work on date of injury		<input type="checkbox"/> am <input type="checkbox"/> pm	
4. DATE OF CLAIMED INJURY		5. Time of injury		6. Date of death		# of dependents (if death is related to injury)	
7. EMPLOYEE Name (last, suffix, first, middle)				8. Gender <input type="checkbox"/> M <input type="checkbox"/> F		9. Marital status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
10. Home address			11. Home phone #		12. Date of birth		13. Date hired
City		State		Zip Code		14. Occupation	15. Regular department
17. Average weekly wage		18. Rate per hour	19. Hours per day	20. Days per week	Normal work schedule Sun-Sat S M T W T F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21. Employment status (check all that apply) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer
22. Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was. Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."							
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.				24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.			
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of the place of the occurrence		26. First date of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI			
		28. Date employer notified of injury		29. Date employer notified of lost time			
		30. Return to work date		31. RTW same employer <input type="checkbox"/> Yes <input type="checkbox"/> No		32. RTW with restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Treating physician(name)		34. Extent of medical treatment (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Minor on-site by employer's medical staff <input type="checkbox"/> Minor clinic/hospital <input type="checkbox"/> Emergency room <input type="checkbox"/> Hospitalization more than 24 hours <input type="checkbox"/> Future major medical anticipated					
35. Certified Managed Care Organization (if any)							
36. EMPLOYER Legal name Minneapolis Employment & Training Program				37. EMPLOYER DBA name (if different) STEP-UP Program Only			
38. Mailing address 105 5th Ave S STE 200				39. Employer FEIN 416005375		40. Unemployment ID # 797569100000	
City Minneapolis		State MN		Zip Code 55401		41. Employer's contact name and phone #	
42. Physical address (if different) 105 5th Ave S STE 200				43. Witness (name and phone) - if more than 1 attach a separate sheet			
City Minneapolis		State MN		Zip Code 55401		44. NAICS code	
						45. Date form completed	
46. INSURER name MN Workers Compensation Assigned Risk Plan				51. CLAIMS ADMIN COMPANY (CA) name (check one) Berkley Risk Administrators Company LLC <input type="checkbox"/> Insurer <input checked="" type="checkbox"/> TPA			
47. Insured legal name and FEIN Minneapolis Employment & Training Program 41-1429211				52. CA Address PO Box 59143			
48. Policy # (including effective dates) or self-insured certificate # WC-22-04-221085-01		5/17/2014 - 5/17/2015		City Minneapolis		State Zip Code MN 55459-0143	
49. Insurer FEIN 41-1429211		50. Date insurer received notice		53. CA FEIN 41-1887666		54. CA Claim #	
55. To be completed by the CA:		Claim type code:	Type of loss code:	Late reason code:	Salary paid in lieu of comp?	Death result of injury?	

MN FR01 (12/12) Employer: send copies to Insurer (or Workers' Compensation Division if no insurer), employee, and employee's union (if applicable).

BRAC 2510 (2/13)

## STEP-UP PROGRAM CORRECTIVE ACTION FORM

<b>Agency:</b>	
<b>Worksite:</b>	
<b>Youth's Name:</b>	
<b>Supervisor's Name:</b>	
<p><b><u>VERBAL NOTICE</u></b> was given on this specific behavior that must be corrected and the timeline for such correction was made clear. The youth will not be meeting minimum standards unless they take this action.</p>	
<b>Youth Worker signature:</b>	<b>Date:</b>
<b>Supervisor signature:</b>	<b>Date:</b>

<p><b><u>WRITTEN NOTICE</u></b> was given with reference to the verbal notice and a deadline has been established for taking action to meet the minimum standards. The action needed and timeline are:</p>	
<p>I have received a copy of this written notice and have been informed that if I do not take the necessary steps to meet the standards set out above, <b><i>I may be terminated from my job.</i></b></p>	
<b>Youth Worker signature:</b>	<b>Date:</b>
<b>Supervisor signature:</b>	<b>Date:</b>

**Please fax this form: Attn (your monitor)**  
North Summer Ofc 612 520-3530  
South Summer Ofc 612 821-4014