

Ohio Department of Job and Family Services
SUBSIDIZED SUMMER EMPLOYMENT PROGRAM FOR YOUTH (SSEPY) REPORTING

County	Report Month	Report Year	Person Completing Form
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	Employee's Name	Employer's Name	Employer's Address=City/State/Zip	Wages subsidized per hour	Total Hours Worked	Is the employee a new or continuing SEYP participant during the report month?	Number of individuals in the SEYP participant's assistance group
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Direct Training and Supervision:

Is your agency paying for direct supervision and training? _____ For which employees? (indicate line #above)

If yes, what type of funding is being used?

PRC (Regular TANF)? _____ Other Funds? _____

If other, name of fund? _____

Amount of funding being provided for training and supervision? _____

Success story comments: please attach.

This form must be completed and return by email to Program-Policy@ifs.ohio.gov by the 15th calendar day of the month following the report month.