

Work Experience Wage Subsidy Agreement Montana WIOA Program

<Service Provider Name>
<Service Provider Address>
< City, MT, Local Zip>

Modification # _____

Participant Name	Agreement #
Funding Source	Case Manager Name
Agreement Start Date	Agreement End Date

NOTE: All participants must be covered by Montana State Workers' Compensation, Federal Workers' Compensation, or private liability insurance. If the participant is covered by private insurance, please attach proof of insurance.

Work Experience wages are not subject to payment of UI taxes by the employer and WEX participants do not earn wage credits during their participation. MCA 39-51-204 (1)(m)

Employer Name	Organizational Type	
If Sole Proprietorship – Employer Name	Unemployment Insurance #	Workers' Compensation #
Training Address		Telephone Number
City	State	Zip
Supervisor's Name		

Wage Information

Wage	Total Agreement Hours	Reimbursement % Rate	Total Wage
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Hours per Week	Designated Pay Period Weekly Bi-weekly Monthly
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Fringe Benefits

Total Wage	X % Employer's Share FICA	=	Total Wage	X % Employer's Workers' Comp	=
Total Wage	X Other Fringe Amount	=	Other Fringe Description		

Other Costs (*items provided at a cost to the employer such as uniforms, training materials, etc*)

Other Amount	Other Amount Obligated Description
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Total Wage	+ Total Fringe	+ Other Amount	= Total Obligated Amount
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