

# REIMBURSEMENT FORM



## LINN COUNTY SMALL EMPLOYER FIRST-TIME EMPLOYMENT YOUTH WAGE GRANT - 2024

Please complete a reimbursement form for each youth.

Employer Name: \_\_\_\_\_

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

Employer Email: \_\_\_\_\_

Participant Name: \_\_\_\_\_

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

To receive reimbursement, all information requested on this form will have to be completed and the form returned to the Linn County Board of Commissioners, P.O. Box 100, Albany, OR 97321, with wages paid documentation. If you have any questions in filling out this form, please call the Linn County Board of Commissioners at 541-967-3825. **The deadline to submit a reimbursement form is November 15, 2024.**

*Reimbursement requests must cover a pay period of at least 30 days or for the entire program period, or may be made at the time a youth is terminated. Payment will occur within 30 days of receipt of the request for reimbursement.*

**Wage Reimbursement Information:** Maximum employer reimbursement per youth is up to \$1,500 maximum reimbursement per employer cannot exceed \$4,500\*

Wage Reimbursement Period from \_\_\_\_\_ through \_\_\_\_\_

|               | <u>Hours</u> | <u>\$3.00 per hr.</u> | <u>Total Reimbursement*</u> |
|---------------|--------------|-----------------------|-----------------------------|
| Hours Worked: | _____        | X \$3.00              | \$ _____                    |

Attach documentation that the declared wages were paid. Examples, pay stub and copy of payroll check, temp employment billing statement with copy of payment check.

I **certify** this request for wage reimbursement is true and correct and that my company, at all times relative and material to the payroll period stated herein, was in compliance with all Federal and State labor laws including youth labor laws and including State Worker Compensation Law (ORS chapter 656) and State Board of Labor and Industry (BOLI) rules and regulations. I certify that the information on the employee's INS I-9 form in my file is current and correct and may be inspected by the County at any time. Employer understands and agrees that by signing a certification, the employer represents that it is addressing, as may be required, any Social Security "no-match" letters received by the Employer.

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

**MAIL COMPLETED FORM TO: Linn County Board of Commissioner, PO Box 100, Albany, OR 97321**