pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
KEYSTONE WORKS

BUSINESS CONTRACT

BUSINESS FEIN NUMBER		TRAINING ORDER #		
L&I REPRESENTATIVE		BUSINESS NAME		
		STREET ADDRESS		
		CITY	STATE	ZIP CODE
		CONTACT PERSON FOR BUSINESS	TELEPHONE NUMBER	
CONTACT PERSON FOR L&I	TELEPHONE NUMBER	EMAIL ADDRESS	NUMBER OF EMPLOYEES AT THIS LOCATION	

This contract is entered into between the **Department of Labor & industry** (L&I) and _____ .

The parties hereto agree that the business will provide _____ [#] training position(s) under the following conditions:

Business Responsibilities

Code of conduct

1. Businesses may only use claimant information for filling training positions.
2. Businesses may not ask claimants to purchase materials or pay a fee to be considered for a training position.
3. Businesses may not use the Keystone Works Program to recruit replacement workers in a labor dispute.
4. Businesses and their agents may not engage in any workplace discrimination against claimants, including, but not limited to discrimination based on race, national origin, religion, gender, age or disability.
5. Businesses and their agents must provide ongoing equal employment opportunities to claimants.
6. Businesses may not use the Keystone Works Program to solicit independent contractors or to create self-employment opportunities for claimants.
7. Business must be in good standing, which may include being in compliance with state/federal contractor responsibility provisions, and applicable business, tax, and safety laws and regulations.

Training Position

1. Businesses must ensure that claimants do not displace regular workers or infringe on regular worker promotions.
2. Businesses must offer a training position, up to 24 hours per week for a maximum of 8 weeks.
3. Businesses must provide claimants and L&I with details of the training, including estimated start and end dates, the name of training supervisor, schedule, and any other requirements.
4. Businesses must supervise claimants during training in accordance with the Keystone Works Training Plan.
5. Businesses must teach the claimant skills, job responsibilities, and practices specific to the business.
6. Businesses must provide feedback to the claimant on training expectations and progress.
7. Businesses must respond to any L&I inquiries about claimant.
8. Businesses must notify L&I of any changes to the agreed to training.

Reporting and Certification

1. L&I may monitor the training program.
2. L&I will be notified when a permanent position can be offered to the claimant during or after training.
3. Provide to L&I the required proof of worker's compensation coverage for claimants, in the form of a certificate of insurance from your workers' compensation insurance carrier, if insured, or in the form of a copy of your self-insurance permit issued by L&I, if the business self-insures its workers' compensation liability in Pennsylvania or is a member of an approved group self insurance fund.
4. Provide to L&I the required proof of any increase in premiums related to your workers' compensation insurance coverage for claimants during their participation in the program, in the form of an affidavit from your workers' compensation insurance carrier or group self insurance fund setting forth the amount and calculation of any such premium increase, following a final audit at the end of the applicable policy period.
5. If a claimant suffers a work-related injury during their participation in the program with your business, timely report the injury to your workers' compensation insurance carrier, and notify L&I of the injury during that same time period.
6. Cooperate and assist your workers' compensation insurance carrier, as they may request, in the investigation or defense of any claim, proceeding or suit.

In return for L&I's agreement to permit my business' participation in the Keystone Works Program, I agree to the above requirements.

BUSINESS NAME	NAME OF BUSINESS REPRESENTATIVE	TITLE OF BUSINESS REPRESENTATIVE

X _____ _____

SIGNATURE OF BUSINESS REPRESENTATIVE DATE

X _____ _____

NAME OF BWDP REPRESENTATIVE TITLE OF BWDP REP.

X _____ _____

SIGNATURE OF BWDP REPRESENTATIVE DATE

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program