

CVTHD WORK BACK PROGRAM

ELIGIBILITY

ALL **ADULT** PARTICIPANTS OF THE WORK BACK PROGRAM MUST HAVE ENTERED INTO A RENTAL AGREEMENT AND MUST BE LISTED ON THE FAMILY COMPOSITION THAT IS MANAGED BY THE CVTHD.

REQUESTS

TENANTS INTERESTED IN PARTICIPATING IN THE WORK BACK PROGRAM SHALL:

- ✓ SUBMIT "WORK BACK REQUEST FORM"
- ✓ "WORK BACK REQUEST FORM" MUST BE COMPLETED AND APPROVED **BEFORE** WORK COMMENCES
- ✓ REQUESTS MUST BE APPROVED ON OR BEFORE THE 10TH OF EACH MONTH-**REQUEST WILL NOT BE ACCEPTED AFTER THE 10TH OF THE MONTH.**
- ✓ ONCE APPROVED A TIMESHEET WILL BE PROVIDED WITH A DUE DATE FOR SUBMISSION.



WORK BACK FOR THE MONTH OF: _____

WORK BACK PROGRAM WORK CONTRACT

I _____, residing in unit _____,
agree to work _____ hours in place of my monthly rental payment. I will be
working in the

_____ Department
and my supervisor will be:

_____. I understand that
all tasks and the work schedule must be completed before any credit will be applied
towards my rental payment. I also understand that during this time I must maintain a
professional attitude and conduct myself in such a manor, I must record my time worked
and have my time sheet signed off by the Department Supervisor in order for my time to
be applied.

1. I am a tenant of the above rental unit from the Coyote Valley Tribal Housing Department
2. I have submitted my request thru the Work Back Request Form
3. I will complete the tasks directed to me in the allotted time given.
4. I understand that I must record my time in and out for my time to be applied to the completion of my contract. I must work a minimum of 2 full work days (16 hours) per month
5. I understand that I must complete all work assigned or I will not receive credit for the job preformed
6. I understand that during this program I am as a regular employee. therefore fall under the policies and procedures of the Coyote Valley Tribal Employee Handbook
7. As a rental payment, the Work Back Program is on a month to month basis, which means all work I complete will be applied to one month's rental credit.
8. I have read this contract and agree to its terms.

Signature of applicant: _____

Date signed: _____

Signature of housing Dep _____

Date signed: _____

W B FOR THE MONTH OF: _____

COYOTE VALLEY TRIBAL HOUSING DEPARTMENT

7751 North State Street
P.O. Box 39
Redwood Valley, Ca. 95470
(707)472-2255 or (707)472-2256



WORK BACK REQUEST FORM

APPLICANT NAME: _____ UNIT #: _____

MAILING ADDRESS: _____ RENTAL AMOUNT: _____

RENTAL MONTH: _____ MESSAGE PHONE: _____

Please list any medical or physical limitations if any.

Are you available to work at any given time? YES _____ NO _____

If no please indicate dates and times you are not available below:

APPLICANT SIGNATURE: _____

HOUSING DEPARTMENT: _____

DATE: _____

HOUSING DEPARTMENT ONLY:

RECEIVED ON: _____ APPROVED ON: _____

SIGNATURE: _____

DATE: _____