# CEJA Workforce Hubs Program Acceptance and Commitment Letter

[Date]

[Participant Name]  
[Participant Address]  
[Participant City, State, Zip Code]

Dear [Participant Name],

Congratulations! We are pleased to accept you into the CEJA Workforce Hubs Program, offered by [Provider Name]. We look forward to you joining the training beginning this [Fall/Winter/Spring/Summer].

**Program Information**

* Program Address: [Program Address]
* Program Dates & Times: [Program Dates & Times]

Before you begin the program, on or before your Orientation, please complete the following steps:

* **Verification Documents.** On or before your first day of training, please bring in a document that confirms your date of birth (i.e., Driver’s License/State ID, Birth Certificate).
* **Intake Appointment.** If you haven’t already completed an intake appointment, please set up a time to meet with our staff. There are many support services included in this program that you may receive to help you succeed. During this meeting, you can ask questions about the program. Call our office at [Provider Phone Number] to set up your intake appointment.
* **Commitment Letter.** Sign the attached Commitment Letter and bring the signed letter on the first day of training. This letter explains the program requirements and asks you to commit to meeting these requirements.

If you do not complete the items above, you will not be able to begin the training.

We cannot wait for you to join our program! Please reach out if you have any questions.

Sincerely,

[Program Contact Signature]  
[Program Contact Typed Name]  
[Program Contact Email]  
[Program Contact Phone Number]

A circular logo with windmills and a house

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CEJA Workforce Hubs Program Commitment Letter

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the following:

I am entering the CEJA Workforce Hubs Program, delivered by [grantee name] and [Actual Name of the Training Provider] for the [Expected Credential].

Training will take place on [days and times of instruction] beginning [start date] and running until [end date]. Classes will take place [identify in-person, or hybrid online] at [program address or virtual login]. [Provide other logistical details.] The CEJA Workforce Hubs Program is administered by the Illinois Department of Commerce and Economic Opportunity, through the Climate and Equitable Jobs Act, or CEJA.

I commit to the following program requirements:

* I will attend at least 80% of the training sessions. I will receive a stipend of $13 per hour for the hours I attend training (see attached stipend policy). I understand that I will not receive the stipend for the hours that I miss. I understand that I will not be able to complete the program if I do not attend at least 80% of the training sessions.
* I will let the program staff know if I need to miss training. They will let me know how I can make up sessions, if needed.
* I will work hard to learn the material in the training program. I understand that I will need to score 70% or higher on tests to complete the program. If I am struggling to learn the material, I will work with the student support staff to get the help I need to succeed.
* I will maintain a professional attitude and be respectful of all participants, instructors, and program staff. As part of my commitment to be respectful, I understand that people involved in the program may come from very different backgrounds with diverse perspectives and experiences. As such, I have a responsibility to embrace difference and uphold the six core equity values (diversity, inclusion and welcoming, accessibility, belonging, and equity) in my work with fellow participants, instructors, and program staff.
* I will do my best to arrive on time. I understand that if I am often late, my stipend may be reduced. If I am often absent or late, I understand I may be dismissed from the program.
* If I am having any personal challenges that make it hard to attend training or complete program activities, I will contact the instructor and/or other program staff as soon as possible.
* I have received [technology loan] from [grantee name] for use during the training program. I agree to the following technology policy:
  + (list conditions)

Program staff are required to track your attendance, the support services you receive, how you perform in the training, and the job or apprenticeship you get when you finish the training. They will report this information to DCEO and the Program Administrators.

* I will provide [grantee name] information required by the CEJA Workforce Hubs Program and DCEO to track program outcomes.
* I will participate in an evaluation of the program after training is completed.
* I certify that the intake, application, and verification information is correct to the best of my knowledge, and that there is no intent to commit fraud. Furthermore, I understand that falsifying information is punishable under state law. I have been advised that this information will be entered into the CEJA Reporting System/computerized system and may be shared with other State of Illinois’ agencies for the purposes of administering the requirements of or measuring the performance of CEJA, or for the purpose of referrals to other programs in which I may want to enroll. I have the right to inspect this information and initiate appropriate corrections through the administering agency. I agree to participate in the CEJA follow-up program and any post follow-up assessment or evaluation. I hereby acknowledge that if the information relating to the CEJA program’s eligibility determination requires verification or documentation, by my signature, below, I authorize others to release information required for the eligibility determination. I acknowledge that if the information related to the eligibility determination is false, I may be terminated from the CEJA program.

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stipend Policy

You will receive a stipend of $13 for every hour of training you attend as part of the CEJA Workforce Hubs Program. We will track your attendance every day and pay stipends every [one or two] week[s], based on your attendance.

You are expected to attend training for [number] days per week for [number] hours each day. The training will last [number] weeks for a total of [number] training hours. If you attend all of the training sessions, you can earn a total of ($\_\_ ) per week and ($\_\_ ) for the entire training program.

This amount is reduced if you often miss training sessions and/or are often late.

**Attendance**

You will need to attend at least 80% of the training sessions to complete the program. If you cannot attend, you may be able to make up hours on a different date and receive a stipend for those hours. You will not receive a stipend for any missed training sessions that you do not make up later.

**Payment**

Stipends will be paid every [one or two] week[s] via direct deposit. We will record attendance every day to determine the amount you will be paid. You will receive a Stipend Payment Sheet (see example below) showing the hours you have attended.

# Stipend Payment Sheet

**Organization:**   
**Student Name:**   
**Stipend Pay Period:**   
**Stipend Rate:** $13 per instructional hour

|  |  |  |
| --- | --- | --- |
| Date | Hours Attended | Stipend Amount ($) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  | $ |

*This document was developed by the Department of Commerce and Economic Opportunity for the use by CEJA Workforce Hubs Program.*