



**NCNMEDD NON-METRO AREA AGENCY ON AGING**  
**SEP ENROLLEE TASK DESCRIPTION**

**SIGNATURES REQUIRED**

**(A copy of the host agency's job description may be submitted in lieu of completing this form)**

ENROLLEE: \_\_\_\_\_

WORKSITE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

ENROLLEE'S JOB TITLE: \_\_\_\_\_

**TASKS TO BE PERFORMED**

List in detail starting with the task the Enrollee will perform most often each day.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Signature of Enrollee: \_\_\_\_\_

Date: \_\_\_\_\_



**NCNMEDD NON-METRO AREA AGENCY ON AGING**

**SPECIFIC TRAINING TO BE OFFERED TO SEP ENROLLEE BY THE WORKSITE**

**SIGNATURES REQUIRED**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Signature of Enrollee: \_\_\_\_\_

Date: \_\_\_\_\_



**NCNMEDD NON-METRO AREA AGENCY ON AGING**  
**SEP ENROLLEE DAILY WORK SCHEDULE**

Please indicate the from/to times in addition to the total number of hours and days per week the Enrollee will work, up to the maximum allowable number of hours per week.

An Enrollee is covered by Worker’s Compensation ONLY while on the job within the hours designated below:

EXAMPLE: From/To: 9:00 am-1:00 pm  
 Total Hours per day: 4.0

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
From/To						
Total Hours						

Please note any variance in the daily work schedule that may occur:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of worksite where Enrollee will be assigned: \_\_\_\_\_

Physical address: \_\_\_\_\_ City or Town: \_\_\_\_\_

Name of immediate Supervisor: \_\_\_\_\_

Supervisor’s position with Agency: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Signature of Enrollee: \_\_\_\_\_

Date: \_\_\_\_\_

**Check whichever pertains to this schedule:**

Original: \_\_\_\_\_ Amended: \_\_\_\_\_ Revised to reflect new assignment: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature of Host Agency Director: \_\_\_\_\_