

**Summer Work/Travel program
Employment Agreement**
(Please fill out clearly in CAPS LOCK)



We are pleased to make the following job offer

to _____ (Name of Employee - SWT participant)

under the conditions below:

DESCRIPTION OF EMPLOYMENT OFFER:

- **Employer Company Name:** _____
- **Full Address:** _____
- **Human Resources Manager:** _____
- **Telephone:** _____ **E-mail:** _____
- **Host Site Assigned:** _____
- **Job dates: Starting:** _____ **Ending:** _____
- **Expected Arrival date to city of employment:** _____
- **\$/hr. minimum amount per hour:** _____
- **Average hours per week:** _____
- **Position Title and expected tasks:** _____

- **Shifts:** _____
- **Overtime opportunities:** _____ (Yes/No)
- **English level required to retain position:** _____
- **Lodging conditions (if any):** _____
- **Transportation:** The participant (Employee) is responsible for covering any transportation expenses to the above assigned job location from home country and during staying in the United States.
- **J-1 visa sponsorship:** The Employer and the participant (Employee) understand that **Philadelphia International Institute** (PII) sponsors the participant to work at the site specified in DS2019. Change of the site can only be made upon agreement with PII.
- **Medical insurance:** **Philadelphia International Institute** provides the insurance in effect that covers the participant (Employee) for sickness or accident during the entire period of time that the participant takes part in the Summer Work/Travel program. (The period of time identified on the Form DS-2019.) Minimum coverage shall provide: medical benefits of at least \$50,000 per accident or illness, repatriation of remains in the amount of \$7,500, expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000, a deductible not to exceed \$500 per accident or illness.

EMPLOYMENT OFFER:

_____ (Name of Employer) offers this position to _____ (Name of Employee - SWT participant) under the above conditions.

Human Resources Manager: _____ **Date:** _____

Human Resources Manager's signature: _____

SUMMER WORK & TRAVEL PARTICIPANT'S STATEMENT OF ACCEPTANCE:

I have read thoroughly this contract and accept the position with all the conditions offered herein. I agree to work through the last day of work stated above. I agree not to work beyond the ending program date in DS2019. I understand that I could be transferred to another position during my employment. I understand that either the Employer or I can terminate the Employment Agreement at any time with prior notice and for any reasons not prohibited by law (customary practice: two weeks advance notice by the employee).

Participant name in block letters: _____ **Date:** _____

Participant's signature: _____