



SCPa Works Board-Approved Policies

SCPa Works houses all board-approved policies at scpaworks.org. Vendor staff within the SCPa Works service area are required to read, understand, and abide by all SCPa Works board-approved policies.

ADDITIONAL ASSISTANCE FOR YOUTH #P-14-6.22
ADULT TANF TRAINING VOUCHER POLICY #P-31-12.22
CASE NOTES #P-34-11.23
CODE OF CONDUCT & CONFLICT OF INTEREST #P-29-11.22
DIGITIZATION & ELECTRONIC RECORD KEEPING #P-6-7.22
ELIGIBILITY & ENROLLMENT #P-21-6.22
EQUAL OPPORTUNITY & DISCRIMINATION #P-13-2.22
FILE MANAGEMENT #P-36-1.24
FINANCIAL MANAGEMENT #P-30-11.22
GENERAL PROCUREMENT POLICY #P-32-1.23
INCIDENT OF FRAUD REPORTING #P-9-7.22
INCUMBENT WORKER TRAINING #P-8-5.22
INDIVIDUAL EMPLOYMENT PLAN (IEP) #P-4-10.22
INDIVIDUAL TRAINING ACCOUNT (ITA) #P-17-2.22
ON-THE-JOB TRAINING (OJT) #P-15-2.22
OVERSIGHT & MONITORING #P-5-4.22
PAID WORK EXPERIENCE #P-16-5.22
PERSONALLY IDENTIFIABLE INFORMATION #P-3-2.22
PRIORITY OF SERVICE #P-1-11.22
PROGRAM PARTICIPANT GRIEVANCE #P-11-10.22
REGISTERED APPRENTICESHIP PROGRAM #P-18-6.22
REQUEST FOR ADDITIONAL FUNDING #P-33-10.23
RISK ASSESSMENT & CORRECTIVE ACTION POLICY #P-24-4.22
SECONDARY REVIEW #P-2-7.22
SELECTIVE SERVICE #P-19-10.22
SELF-CERTIFICATION #P-29-8.22
SUPPORTIVE SERVICES #P-7A-1.22
TRAINING PROVIDER GRIEVANCE #P-10-6.22
YOUTH INCENTIVES & STIPENDS #P-7B-7.22
SELF-SUFFICIENCY #P-23-4.23

Statement of Receipt:

This signature page serves as the required record of SCPa Works policies communication and explanation.

I hereby certify that I have received, read and understand the board-approved policies for all programs provided within South Central Pennsylvania service region and acknowledge so with my signature below.

Staff Name: _____

Staff Signature: _____

Date: _____