

**NORTH CAROLINA STATE REFUGEE OFFICE  
REFUGEE MUTUAL RESPONSIBILITY AGREEMENT**

I, \_\_\_\_\_, agree to the following **REQUIREMENTS** for (agency's) employment services:

- \_\_\_ I agree to follow my Mutual Responsibility Agreement (MRA) and Plan of Action.
- \_\_\_ I will register for employment services with (agency).
- \_\_\_ I agree to participate in any employability service program made available through the (agency's) employment services which provides job training, language training, or other employment skills.
- \_\_\_ I will keep all scheduled appointments with the (agency's) employment services staff. If I am unable to keep an appointment, I will contact my (agency's) employment services staff at least two hours in advance of the scheduled appointment.
- \_\_\_ I agree to participate in any job interviews arranged by the (agency's) employment services staff.
- \_\_\_ I will accept any offer of employment determined to be appropriate by the (agency's) employment services staff.
- \_\_\_ If I accept employment outside the (agency's) employment services, I will immediately contact the (agency's) employment services staff.
- \_\_\_ Upon acceptance of employment, I will go to work on the starting date agreed upon at the time of employment.
- \_\_\_ Before I quit a job, I will talk with my (agency's) employment services staff.
- \_\_\_ I will contact the (agency's) employment services office immediately if a problem occurs, or if I have changes that prevent me from participating in the activities written in this MRA. Failure to comply with the MRA may cause reduction or termination of the (agency's) employment services.
- \_\_\_ I will not, without good cause, voluntarily quit employment.
- \_\_\_ I understand that, if I voluntarily quit employment or do not follow my Mutual Responsibility Agreement, I will be suspended from (agency's) employment services.
- \_\_\_ If I voluntarily quit employment or do not follow my Mutual Responsibility Agreement, I understand that a Plan of Action must be implemented before employment services are reinstated.
- \_\_\_ If I voluntarily quit employment or do not follow my Mutual Responsibility Agreement, I understand that my name will be placed at the bottom of the (agency's) list for employment services until I implement the Plan of Action outlined for me by the (agency's) employment services staff.
- \_\_\_ If I voluntarily quit employment, quit a job without notice, or refuse a job offered to me by the (agency's) employment services staff, I understand that the Department of Social Services will be notified, and any benefits due to me may be reduced or terminated.

**The (agency) Employment Services staff agrees to help you find and keep a job by:**

- Referring you only to appropriate employment opportunities, with wages which meet or exceed the federal or state minimum wage.
- Referring you only to employment opportunities with daily and weekly work hours within what is customary.
- Referring you only to employment opportunities that are within your ability to perform on a regular basis.
- Referring you only to employment opportunities that are within an agreed-upon daily commuting time, and which allow any necessary childcare arrangements.
- Referring you only to employment opportunities with a work site that meets all applicable health and safety standards.
- Referring you only to employment opportunities whose policies do not allow discrimination in the workplace as regards age, sex, race, creed, color, or national origin.
- Assisting in coordinating services such as childcare, transportation, and other services as specified in your MRA and/or Plan of Action.
- Making referrals to other community services and resources to help you become economically self-sufficient.
- Providing assistance with job training, language training, or other employment skills as determined appropriate by the (agency's) employment services staff.
- Negotiating with you when the Plan of Action needs to be updated or changed.
- Providing these policies to you in your first language, either by interpretation or in writing.
- Providing you a copy of the State Refugee Program Grievance Policy.

I understand what is required of me. I also understand that (agency's) employment services may be reduced or terminated if I fail to comply, unless I have good cause as described in the Refugee Service Programs Policy/Manual. I also understand that I have the right to appeal any actions taken by the (agency's) Employment Services staff.

Client \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Alien Number \_\_\_\_\_

(Agency) Employment Services Staff \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Title \_\_\_\_\_

Interpreter's Signature \_\_\_\_\_ or Translation Attached

**INSTRUCTIONS FOR COMPLETING  
NORTH CAROLINA STATE REFUGEE OFFICE  
REFUGEE MUTUAL RESPONSIBILITY AGREEMENT**

**PURPOSE:**

The purpose of this form is to provide a tool to clearly outline expectations for both the responsibilities of the client entering into an employability plan with the agency, as well as the agency's responsibilities to the client. The form is to be completed by the refugee agency staff person responsible for coordination of employment services. The Mutual Responsibility Agreement is to be included in the client file along with the Employability Plan (DSS-6232).

**INSTRUCTIONS:**

- Clients should indicate that they have understood their responsibilities as outlined on page one by initialing each line in the space provided.
- The agency staff member should explain the agency's responsibilities to the client, and the client should sign and date on page two, alongside the agency staff member's signature and date.
- Ensure the interpreter signs the Mutual Responsibility Agreement after it has been explained and interpreted to the client (if applicable). If no interpreter was necessary, please write N/A.

**Note:** Provider staff completing the Refugee Mutual Responsibility Agreement should ensure the client receives a signed copy of the form upon completion.