

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
TITLE I-B
WORKSITE AGREEMENT
EMPLOYMENT OPPORTUNITY**

Period of Agreement

_____ to _____

Between:

Worksite

and

Grantee Agency

The authorized slot level under this agreement is _____.

STATEMENT OF WORK WORK EXPERIENCE AGREEMENT

I. Forward

Youth Employment Opportunities are authorized by Title I-B of the Workforce Innovation and Opportunity Act, which became effective July 22, 2014. It is intended to provide useful academic and occupational learning to youth, while providing them a wage.

This employment experience program concept is to assign registrants to jobs that best fit the descriptions of their abilities and desires as specified in the Individual Service Strategy and focusing on the in-demand sectors as determined by the Upstate Workforce Board.

A key ingredient to the success of the youth employment experience is the quality of worksite supervision. A work experience provides opportunities for youth to acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment.

II. Programmatic Information

1. Youth participating in this program are 16–24 years of age.
2. Participants will receive between 8-40 hours per week of Employment Opportunities (maximum of 40 hours per week) based on the length of the Employment Opportunity (the number of weeks) to be set by job coordinator, employer and participant.
3. The WIOA Grantee will pay each participant a stipend as stipulated in this grant.

III. Worksite Standards, Requirements, & Responsibilities

1. A participant who is under 18 years of age shall not be employed in any occupation found to be hazardous as determined by the Fair Labor Standards Act, Subpart E, Part 570. (If clarification is needed, contact Grantee.)
2. Participants are not to be employed on construction, operations, or maintenance of any part of any facility used for religious instruction or workshop.
3. Worksites must have appropriate standards for health and safety in work and training areas.
4. Participants are to be made aware of rules and regulations of the training site. Stress what is expected of participants in terms of reporting to work and doing their jobs well. Sufficient work is to be available for the full working hours. Explain the need for safe working habits and safety rules of your organization.

5. Each participant is to be supervised at all times by the supervisor (s) designated in this agreement.
6. Should an accident occur, the participant is to get medical attention immediately, and the program representative is to be notified as soon as possible.
7. A job description is to be developed which specifies the duties and responsibilities of the participant.
8. Time and attendance is to be maintained reflecting actual hours worked. Participants are not to be paid for hours that they did not work, recreational activities, or holidays. Pre-signing of time sheets is not allowed. Participants should not be paid for lunch breaks. Time sheets should only reflect actual time worked.
9. The supervisor is to evaluate the job performance of each participant.
10. The worksite will provide _____ supervisor(s).
11. Under no circumstances should an employee of the worksite loan money to a participant or cash a participant's check. If a participant is experiencing difficulty in cashing his/her check, please notify the Grantee representative.
12. Participants will begin work at _____ and end work at _____
_____ (days of week).

IV. WIOA Grant Coordination

A representative(s) from the Grantee will provide the following services:

1. Act as a liaison between worksite supervisor and enrollees.
2. Assist worksite supervisor(s) with problems.
3. Counsel participants.
4. Establish payroll procedures.
5. Monitor and evaluate the worksite to determine if conditions of this agreement are being met.

NOTE: A worksite found to be in serious or continual violation of the conditions of this agreement and/or the goal of the program, is subject to immediate worksite agreement termination by the Grantee or the by the WIOA Administrative Entity.

Name of Participant(s)	Position/Title	Beginning Date of Employment

Worksite Agreement Certification and Authorization

I, the undersigned, have read and understand the duties and responsibilities outlined in this agreement.

Signatures of Worksite Supervisors

<u>Regular</u>	<u>Date</u>	<u>Alternate</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Period of Agreement _____ to _____

I, _____, as the authorized representative of _____, have read and understand what is expected of an Employment Opportunity training site. By virtue of signing this agreement, I agree to provide employment experience to WIOA Participants in accordance with the requirements herein.

Signature of Worksite Representative

Date

Name & Address of Worksite

Telephone Number

Grantee Representative Signature

Date

Name & Address of Grantee

Telephone Number

WORKSITE EVALUATION

The Grantee will evaluate all worksites prior to a worksite agreement being completed. If any potential worksite received a "no" answer on any questions listed below, the Grantee should not place participants at the worksite until the questions listed below are in compliance. By signing and dating this evaluation, the Grantee will verify that this evaluation has been completed in its entirety and complies with the following:

NAME OF WORKSITE

Does the worksite negotiation person have accurate job descriptions for participants?	YES	NO
Does the worksite negotiation person have a current copy of Child Labor Laws?	YES	NO
Does the worksite negotiation person understand the limitations of work that children are allowed to do in accordance with Child Labor Laws?	YES	NO
Are job assignments and job descriptions in accordance with Child Labor Laws?	YES	NO
Are supervisors aware about the employment program currently being offered?	YES	NO
Will a supervisor be present at all times?	YES	NO
Will sufficient and meaningful work be available for participants at all times?	YES	NO
Will time and attendance policies be adhered to in accordance with the Grant and/or worksite agreement?	YES	NO

Will supervisors make participants aware of procedures as they relate to: absences, tardiness, and emergencies?

YES

NO

Will the worksite supervisor provide a contingency plan for participants to work indoors if inclement weather conditions exist?

YES

NO

Is the worksite sanitary?

YES

NO

Does the worksite provide restrooms?

YES

NO

Does the worksite conform to OSHA requirements regarding health and safety?

YES

NO

COMMENTS: _____

FOLLOW-UP EVALUATION (IF APPLICABLE): _____

Grantee Monitor's Signature: _____ Date: _____

Worksite Person's Signature: _____ Date: _____

VERIFICATION OF WORKSITE ORIENTATION FOR PARTICIPANTS

I hereby attest that I have received orientation at the worksite by the worksite supervisor and it is my responsibility to follow all rules and regulations at the worksite.

Participant's Signature

Date

This is to verify that _____ has/have received orientation concerning rules and regulations at the worksite.

Supervisor's Signature

Date

This is to verify that the WIOA participants will not replace nor infringe on promotional opportunities of existing employees at this site.

Supervisor's Signature

Date

WIOA

VERIFICATION OF SUPERVISORY ORIENTATION

This is to verify that as an additional orientation service, I received Specific Worksite Supervisor Training, a Worksite Supervisor's Handbook, and Child Labor Laws from the WIOA staff, and it was explained in full.

Agency/Worksite

Supervisor's Signature

Date

Attachments: Letter of insurance
Child Labor Laws

To be kept by the Worksite Supervisor in a central file with the Worksite Agreement.

EMPLOYABILITY DEVELOPMENT PLAN
EMPLOYABILITY DATA & TRAINING FORM

SECTION I: EMPLOYABILITY DATA

A. PARTICIPANT NAME: _____

B. VOCATIONAL/CAREER INTEREST:

C. WORK HISTORY/SKILLS ACQUIRED:

D. SKILLS ASSESSMENT (RECOMMENDATIONS FOR ENHANCING/IMPROVING SKILLS):

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SECTION II: TRAINING PLAN

A. TRAINING GOALS:

B. SUMMARY OF TRAINING & SERVICES TO BE PROVIDED:

PARTICIPANT SIGNATURE

WIOA COUNSELOR/COORDINATOR

DATE

DATE

PARTICIPANT WORK EXPERIENCE TIME SHEET

Date	Time In (rounded up to the nearest ¼ hour)	Lunch/Breaks (Total Time)	Time Out (rounded up to the nearest ¼ hour)	Supervisor's Signature	TOTAL TIME (Excluding Lunch/Breaks)

Someone within your organization is to be responsible for sending documentation of the hours the participant worked each week. You may scan and e-mail or fax the hours. We have provided this simple timesheet or you may prefer to you use whatever system you use for your regular employees. Whatever is easier for you is fine with us. Please send the information every Friday to:

Name: _____

Email: _____

Fax: _____

THANK YOU SO MUCH FOR YOUR HELP.

HOST EMPLOYER SURVEY FOR PARTICIPANT WORKER

Thank you for hosting _____ in a work experience with your company/agency. We would like for you to give us honest feedback on how well he/she performed his/her work experience. This will help us further guide the participant in positive steps in establishing career pathways.

Please circle the number (1-5) to rate the work experience:

	1=poor	2=fair	3=good	4=very good	5=excellent
Was the participant worker on time each day?	1	2	3	4	5
Did the participant worker attend work each assigned day or work alternate days to make up the missed hours?	1	2	3	4	5
If the participant worker was absent or late, did he/she call in a timely manner to let you know?	1	2	3	4	5
Did the participant worker use his/her time wisely?	1	2	3	4	5
Did the participant worker follow directions?	1	2	3	4	5
Was the participant worker dependable and responsible?	1	2	3	4	5
Was the participant worker polite and respectful to all staff and employees?	1	2	3	4	5
Did the participant worker dress appropriately?	1	2	3	4	5
Would you recommend an employer to hire the participant worker?	1	2	3	4	5
Please rate the quality of work (based on the duties he/she performed).	1	2	3	4	5
Please rate the overall performance of the participant worker.	1	2	3	4	5

TOTAL SCORE _____

Thank you for the time spent mentoring the participant at your workplace. Please sign to verify your rating:

Print Name

Signature

Date

Incentive Agreement for Work Experience

The purpose of the Work Experience is to let the participant be familiarized with the job skills in which he/she is placed and to learn soft skills, such as dependability and responsibility, which includes being to work on time every day, doing the tasks asked to do well and other types of skills that employers desire. The purpose of this incentive is to offer a bonus for attending the Work Experience every day, not being late and doing the job well (which is based on the employer/mentor's report.)

If you meet the guidelines of the Work Experience, you can receive a bonus. Staff has determined that a minimum score of 45 on the Employer Survey will determine your bonus. Your bonus for this Work Experience will be \$_____.