

Agreement  
Number:

## WIA WORK SITE AGREEMENT

Workforce Investment Act (WIA) training activities are designed to provide WIA trainees with exposure to good work habits, job skills, and the working environment. Certain assurances and conditions must be agreed upon between the WIA and the worksite. These assurances and conditions are explained on the second page of this agreement. By accepting this Worksite Agreement, the trainee, the worksite, and WIA agree to each of the assurances and conditions as shown.

### Worksite Information (Print using blue ink or Type)

Worksite, Employer/Agency:		Telephone Number:				
Worksite Address:		Supervisor and Title:				
Agreement Start Date:	Agreement End Date:	Alternate Supervisor and Title:				
Hourly Rate of Pay for Trainee:	Maximum Hours:	Alternate Supervisor and Title:				
County:		Funding Stream: Circle <b>one</b> below:				
Trainee Name:		WIA Adult	WIA DLW	WIA Out of School Youth	WIA In-School Youth	NEG

### Job Information

Job Title: \_\_\_\_\_

Job Tasks: \_\_\_\_\_

\_\_\_\_\_

### Certification

We have read the worksite agreement and agree to abide by all applicable assurances and conditions. Supervisors understand that they are directly responsible for completion and submission of the trainee's daily time and attendance records.

Date: \_\_\_/\_\_\_/\_\_\_ Signature of Worksite Supervisor \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Signature of Alternate Supervisor : \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Signature of Alternate Supervisor : \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Signature of ISP Staff : \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Signature of WIA participant: \_\_\_\_\_

## **ASSURANCES AND CONDITIONS**

---

1. WIA Intensive Service Providers shall provide orientation to each worksite supervisor covering the program requirements prior to the participant referral or the actual work.
2. The worksite shall provide job orientation to all participants as related to work policies, job safety, and job expectations. The work policies and job expectations for trainees must be the same as for non-trainees at the worksite.
3. Evaluations for each participant shall be conducted by the worksite supervisor as a part of the participant's time and attendance record. Other evaluations may be necessary as determined by the service provider and/or EWIB staff.
4. The WIA service provider shall pay a wage to the participant. This is a training position for which the intent is to provide work experience and exposure to work ethics, attitudes and conflict resolution. Each worksite supervisor shall maintain an accurate record of time and attendance of each participant to be recorded on the Time and Attendance Record. The time and attendance report shall be signed by the trainee, worksite supervisor, ISP authorized supervisors.
5. The worksite shall provide sufficient work to occupy the participants work hours and shall provide sufficient equipment and/or materials to enable the participant to carry out the work assignments.
6. Participants will be paid only for actual hours on the worksite. As this is a temporary training position, no participant will be paid for holidays. Overtime work by participants is prohibited.
7. Participants are covered the service provider's Workers Compensation Policy. On-the-Job injury reports will be completed by the service provider in conjunction with the participant, supervisor, and authorized worksite official. All job injuries must be reported immediately in order that medical claims can be processed.
8. The Intensive Service Provider ensures that counseling or other services will be provided to a participant who may be experiencing unsatisfactory performance. The worksite shall notify the service provider prior to the termination of any participant.
9. The worksite shall assure that all work is conducted in a safe, sanitary and drug-free environment and shall assure that all participants are supervised on a full-time basis by a qualified supervisor.
10. The service provider and the worksite shall adhere to applicable Federal, State, local child labor laws and WIA regulations.
11. Service provider staff at the one-stops shall inform the participant of the grievance procedures, nepotism rules, equal pay, and non-discrimination assurances and shall maintain a signed document verifying that the participant has been made aware of the above. The worksite shall not, in any manner or for any reason, discriminate against any participant.
12. The worksite shall, upon the request of the service provider, release the participants for activities.
13. The worksite must assure the service provider that no currently employed worker will be displaced, including partial displacement, by any participant and assures that no person or organization will charge any individual a fee for placement in or referral of such individual to a training program operated by the service provider for EWIB.
14. This Worksite Agreement will be updated or replaced as appropriate if conditions change.
15. In the event that a worksite is negligent in the responsibilities agreed to in this document, the worksite:
  - (a) May not be used at a future date, and
  - (b) is financially responsible for costs deemed disallowed.
16. The Service Provider will be considered the employer of record.

### **Specific Worksite Conditions**

---

---

# SKILLS ANALYSIS

PARTICIPANT'S NAME: \_\_\_\_\_

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

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

JOB TITLE: \_\_\_\_\_

## SKILLS TO BE DEVELOPED

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

\_\_\_\_\_  
WORKSITE SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

WEForm2

## EVALUATION OF SKILLS DEVELOPED

<b>PARTICIPANTS NAME:</b>
<b>WORKSITE:</b>
<b>ACTIVITY:</b>
<b>JOB TITLE:</b>

SKILLS (INDICATORS)	EVALUATION SCALE			
	1	2	3	4

Evaluation scale: 4=Skilled-can work independently with no supervision  
 3=Moderately Skilled-can perform job completely with limited supervision  
 2=Limited Skill-requires instruction and close supervision  
 1=No exposure-no experience or knowledge in this area

**Please Circle One**

<b>1</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>2</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>3</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>4</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>5</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>6</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>7</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>8</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>9</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>10</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**THIS EVALUATION IS TO BE COMPLETED EACH PAY PERIOD BY THE WORKSITE SUPERVISOR.**

\_\_\_\_\_  
**SUPERVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**

## TIME & ATTENDANCE RECORD

<b>TRAINEE NAME:</b>		<b>SSN:</b>
<b>WORKSITE:</b>		<b>Phone#</b>

<b>Funding Source:</b>	<b>WIA Adult</b>	<b>WIA DLW</b>	<b>TAA</b>	<b>NEG</b>	<b>IS YOUTH</b>	<b>OS YOUTH</b>
OJT	Public Work Experience		Private Work Experience		Community Service	

Period from \_\_\_\_\_ to \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours
<b>Date</b>								
<b>Hours</b>								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours
<b>Date</b>								
<b>Hours</b>								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours
<b>Date</b>								
<b>Hours</b>								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours
<b>Date</b>								
<b>Hours</b>								

Enter Code For All Absences	<b>Hourly Wage</b>
E Excused	Beginning Hours This Period
U Unexcused	Total Hours Worked This Period
H Holiday	Remaining Hours

Please rate the trainee for each characteristic utilizing the following scale:

	<b>1 = Excellent</b>	<b>2 = Good</b>	<b>3 = Satisfactory</b>	<b>4 = Unsatisfactory</b>					
Cooperative	1	2	3	4	Attendance	1	2	3	4
Follows Directions	1	2	3	4	Punctuality	1	2	3	4
Responsible	1	2	3	4	Integrity	1	2	3	4
Imitative	1	2	3	4	Productive	1	2	3	4
Skill Progress	1	2	3	4	Work Quality	1	2	3	4
Appearance	1	2	3	4	Conduct / Attitude	1	2	3	4

I certify that the above time and attendance information is true and correct.

\_\_\_\_\_  
Trainee's Signature and Date

\_\_\_\_\_  
Worksite Supervisor's Signature and Date

\_\_\_\_\_  
Intensive Service Provider Signature

\_\_\_\_\_  
Date