



Workforce Innovation and Opportunity Act (WIOA)

Supervisor Orientation

I attest that I have attended a WIOA Work Experience Supervisor Training/Orientation and have received information on the policies, procedures, forms and requirements of the WIOA Work Experience component. I have received a copy of the Supervisor's Handbook and will retain a copy of my reference.

Signature

Job Title

Signature

Job Title

Signature

Job Title

Worksite Name:

Date of Training:

Training Location:

Career Advisor Signature