

**REGION Q**  
**WORKFORCE INNOVATION AND OPPORTUNITY ACT**  
**WORK EXPERIENCE PROGRAM**

**Supervisor Handbook**



Program Operator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (252) \_\_\_\_\_

Equal Opportunity Employer/ Program.  
Auxiliary aids and services available upon request to individuals with disabilities.

# WORKSITE SUPERVISOR'S MANUAL

## WORK EXPERIENCE COMPONENT WORKFORCE INNOVATION AND OPPORTUNITY ACT

WELCOME TO REGION Q WIOA WORK EXPERIENCE.

Region Q WIOA Work Experience is designed to assist youth ages 16 to 24 with employment opportunities which will give them valuable work experience and income and make them more self-sufficient.

The purpose of this Supervisor's Manual is to acquaint you with the requirements of work experience. Becoming familiar with the contents of this manual and keeping it accessible during the program will help you as a program participant.

The Region Work Experience Component is operated by \_\_\_\_\_, under a plan developed with the Region Q Workforce Investment Consortium. (Mid-East Commission/ Administrative Entity).

**You should read this manual thoroughly during your orientation and become familiar with its contents. If you have any questions, feel free to ask your Career Advisor.**

### **OBJECTIVES**

The purpose of the Work Experience Program is to provide clients with short-term work to help them develop good work habits and basic work skills. Through experience gained in a realistic work situation, clients will not only develop new skills and explore career choices, but will learn to compete successfully in the labor market. Clients in the program may have never worked before or may have not worked for an extended period of time.

### **ORIENTATION**

Each participant will receive orientation prior to reporting to the Region Q Work Experience Program job site. The orientation provided by WIOA Youth Service Provider staff includes an explanation of the code of conduct, the role of the Counselor/Career Advisor, expectations of the worksite supervisor, infractions which will bring about termination from the Work Experience Program and other general program information.

## **CONTACTS**

Beaufort County NextGen  
Beaufort County NCWorks Center  
1502 N Market Street  
Washington, North Carolina 27889  
(252) 940-0900

Pitt County NextGen  
Pitt County NCWorks Center  
3101 Bismarck Street  
Greenville, North Carolina 27834  
(252) 355-9067

Bertie County NextGen  
Bertie County NCWorks Center  
128 E. Granville Street  
Windsor, North Carolina 27983  
(252) 794-5616

Martin County NextGen  
Martin County NCWorks Center  
407 East Boulevard  
Williamston, NC 27982  
(252) 792-7816

Hertford County NextGen  
Hertford County NCWorks Center  
109 Community College Road  
Ahoskie, North Carolina 27910  
(252) 862-1257

## **SUPERVISION:**

As a worksite supervisor, your contribution is critical to the success of the program. Please do not hesitate to direct questions to the WIOA Career Advisor.

## **NO PARTICIPANT WILL BE ALLOWED TO BEGIN WORK WITHOUT PRIOR VERIFICATION BY WIOA PROGRAM STAFF.**

Orientation by the employer is regarded as a compensable activity from the enrollee's point of view and the time should be reported on the first time sheet. The following are important areas that should be covered in a short orientation session once the participant(s) report to work:

- welcome participant(s);
- explain the rules and let them know what is expected of them;
- discuss safety rules and explain the need for safe working habits;
- encourage questions; and
- show participants where rules and regulations are posted

## **PARTICIPANTS MAY BE TERMINATED OR SUSPENDED FROM THE WORK EXPERIENCE COMPONENT FOR ANY OF THE FOLLOWING:**

- **failure to be on time;**
- **unexcused absences;**
- **failure to do the job;**
- **dishonesty;**

- **disrespect;**
  - **falsification of information on timesheets or other forms;**
  - **endangering the lives of co-workers;**
  - **stealing or receiving stolen property while on the job;**
  - **using, selling or receiving any form of narcotics, drugs, or alcoholic beverages on the job;**
  - **reporting to work under the influence of alcohol or drugs; immoral behavior during work hours.**
- **Note:** Be sure to review work hours and let participants know what is expected with regard to lunch breaks (**must be at least 30 minutes**) and other normal break periods. Participants should be given two 15-minute breaks during the day. It is recommended that participants be required to follow the same break schedule as other employees.

## **Payroll Process**

Participants' checks **should be mailed/direct deposited or delivered** as set forth in the timesheet/payroll schedule. Region Q Work Experience participants will be paid at a specified rate and paid only for the hours worked. Total weekly hours worked cannot exceed 40 hours. This includes a total of work and classroom hours. Participants will not be paid for holidays or other absences.

**THE PARTICIPANT IS RESPONSIBLE FOR NOTIFYING THEIR WIOA CAREER ADVISOR WHEN A NEW ADDRESS IS TO BE USED!**

## **TIME SHEETS**

The Career Advisor will deliver participant time sheets to the worksite supervisor with the information on the upper portion completed. The time sheet is the official record determining the pay for the participant. It is your responsibility to ensure that the participants at the worksite correctly report all time worked. Participants must sign the time sheet in **black or blue** ink at the end of each day and at the end of each pay period. Any change on a timesheet must be marked through and initialed by the participant and supervisor. Messy timesheets will not be paid. **No timesheet with whiteout will be paid.** A sample time sheet has been included in the handbook as page 18. **Do not allow participants to sign out for the day until the end of the day. You are not to pre-sign timesheets.**

Please keep time sheets in a location that is convenient for you and the participants. If you plan to be out of work on the last day of the pay period, please make arrangements so that time sheets can be completed and signed for the Career Advisor to pick up on the designated date. As a precaution, you should designate an alternate to sign participant timesheets and inform the WIOA Career Advisor of your selection. You're your signature or that of your designated alternate will be acceptable on participant time sheets.

Each participant will enter the actual hours worked, but the supervisor **must** verify hours reported **before** the form is signed by the supervisor.

**PLEASE MAKE SURE THE TIME SHEET IS COMPLETE, SIGNED, AND READY TO BE PICKED UP ON THE SCHEDULED DATE.** If the time sheet is completed incorrectly or is not submitted as scheduled, the participant will not receive his/her check on time. You will be given a payroll

schedule which outlines the beginning and ending dates of pay periods, the date the time sheets will be picked up for processing, and the date checks will be mailed. Keep this pay schedule in a convenient location.

**BLACK OR BLUE INK MUST BE USED ON ALL SECTIONS OF THE TIMESHEET OR PAYMENT CANNOT BE MADE.**

### **TRANSFER**

A participant will be considered for transfer whenever there is a conflict with the job site supervisor, co-workers, and/or other participants that cannot be resolved. However, every effort will be made to resolve the conflict without necessitating such action.

### **EVALUATION**

Participants will be evaluated periodically during the program. Specific work skill areas will be measured based on demonstrated performance at the worksite. As a Worksite Supervisor, you will be required to complete an evaluation on each trainee under the work experience program. The career advisor will review job skills to be measure. A sample form is on page 19.

### **SAFETY RULES/REGULATIONS:**

It is the responsibility of each worksite agency/organization to discuss safety rules and regulations with each participant. It is the responsibility of the agency to ensure OSHA compliance. Each participant must be made aware of the proper safety procedures in case of a fire, injury, or other emergencies

### **WORKER'S COMPENSATION**

If an accident occurs on the job, the participant is covered by Worker's Compensation Insurance. The person noted on the Region Q WIOA Emergency Contact Form will be contacted and you will be transported to the doctor, hospital, or clinic as soon as possible. **Immediately** contact your WIOA Career Advisor for further instruction. Be sure to record the details of the accident. (What, When, Where, How, etc.)

### **HATCH ACT/POLITICAL ACTIVITY**

Persons in a federally funded grant-aid program are covered under the Hatch Act which you will sign during orientation. (Page 6)

### **RELIGIOUS ACTIVITY**

No participants in this federally funded program may be involved in religious instruction/ activities while on the job.

### **WORKSITE AGREEMENT**

The Region Q NC Work Experience Contract explains the requirements and limitations for the user agency and the program operator (see pages 14-17). The job description must be reviewed to inform the trainee of assigned job duties and responsibilities.

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)  
NEPOTISM POLICY**

I certify by signature below, that no two members of my immediate family are employed at the same agency, or occupy a position which has influence over the other's employment, promotion, salary administration and other related management or personnel considerations. Immediate family is defined as wife, husband, mother, father, brother, sister, son, daughter, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandmother, grandfather, grandson, grand-daughter, stepmother, stepfather or cousins. This policy applies to applicants, participants, and contractor staff involved in Workforce Innovation and Opportunity Act activities.

**HATCH ACT**

I certify by signature below that I understand that this statement applies to me and to staff in a federally funded program. You may not use your official authority or influence for the purpose of interfering with or affecting the result of an election or a nomination for office. You may not directly or indirectly coerce command or advise a state or local official or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency or person for political purposes. You may not be a candidate for partisan elective office. For purposes of administering the Hatch Act, a partisan election has been defined as one in which any of the candidates represents a political party which had a presidential candidate running in the preceding presidential election.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WIOA Staff Signature**

\_\_\_\_\_  
**Date**

**WIOA  
EQUAL OPPORTUNITY IS THE LAW NOTICE**

This subrecipient is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the Workforce Innovation and Opportunity Act (WIOA) Program in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any WIOA funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with the subrecipient's Equal Opportunity Officer (or the person designated for this purpose), or you may file a complaint directly with the Director, Director of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW., room N-4123, Washington, DC 20210. If you elect to file your complaint with the subrecipient, you must wait until the subrecipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the subrecipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with DCR within 30 days of the expiration of the 60-day period. If you are dissatisfied with the subrecipient's resolution of your complaint, you may file a complaint with DCR. Such complaint must be filed within 30 days of the date you received notice of the subrecipient's proposed resolution.

Charlanda Shepard- Equal Opportunity Officer for Mid-East Commission  
1502 N Market Street, Suite A  
Washington, NC 27889  
  
Phone: 252-974-1818  
Fax: 252-946-5489  
Email cshepard@mideastcom.org

Relay numbers for the hearing impaired: 1-800-735-2962 (TT) and 1-800-735-8262 (Voice)  
Equal Opportunity Program/Employer Auxiliary Aids Available Upon Request for Individuals with Disabilities.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## REGION Q WORKFORCE INVESTMENT CONSORTIUM COMPLAINT PROCEDURES

### **A. EQUAL OPPORTUNITY/NONDISCRIMINATION COMPLAINTS**

Any person who believes that he or she or any specific class of individuals has been or is being 1) excluded from participation in, 2) denied the benefits of, 3) subjected to discrimination under, or 4) denied employment in the administration of or in connection with any WIOA funded activity or program, on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in the Workforce Innovation and Opportunity Act (WIOA) or other applicable may file a written complaint. The complaint may be filed by the person or a representative.

The complaint may be filed either with the LA or with the Director of the Civil Rights Center (CRC). A complaint filed based on the above grounds must be filed within 180 days of the alleged discrimination, unless extended by the Director of CRC for good cause shown. Each complainant and respondent has the right to be represented by an attorney or other individual of his or her choice.

#### **Complaints filed at the LA Level**

Complaints at the contractor level must first exhaust available remedies established in contractor procedures before being subject to LA review. Hearings on any program complaint must be conducted by the contractor and a written decision rendered within 10 days of filing. If a complaint does not receive a decision at the contractor level within 10 days of the filing or receives an unsatisfactory decision, the complainant may request a review of the complaint by the LA. Such request must be filed within 5 days of receipt of the contractor decision or within 5 days of the date a decision should have been received, whichever is earlier.

Any person who elects to file his or her complaint with the LA (Mid-East Commission) must allow the LA 40 days (inclusive of time at the contractor level) to process the complaint and allow 50 days for the Division to receive and review the complaint, if applicable.

1. All complaints must be filed in writing, signed by complainant or authorized representative. The Region Q Compliant Form is to be used that includes the following information:
  - a. The full name, address and telephone/TTY number of the complainant (or specify another means of contact);
  - b. The full name and address of the person or agency against whom the complaint is made;
  - c. A clear, concise statement of the act or acts considered to be a violation;
  - d. In regards to disability, a statement or supporting evidence that the complainant is disabled;
  - e. Other information that will help explain and resolve the complaint.

Complaints filed with the LA after the contractor level review process should be mailed to:  
Charlanda Shepard, Equal Opportunity Officer  
Mid-East Commission



1502 N Market Street, Suite A  
Washington, North Carolina 27889  
1-800-799-9194  
252-974-1818 (phone)  
252-946-5489 (fax)  
Email: cshepard@mideastcom.org  
Relay numbers for the hearing impaired: 1-800-735-2962 (TTY) & 1-800-735-8262 (Voice)

2. Hearings on any complaint filed with the LA must be conducted and a decision issued within 25 days of filing.
3. Complaint hearing procedures include the following:
  - a. Reasonable notice to all parties by registered or certified mail;
  - b. A statement of the date, time and place of the hearing;
  - c. A statement of the authority and jurisdiction under which the hearing is to be held;
  - d. A reference to the particular section of the Act, regulations, grant or other agreement under the Act involved;
  - e. Notice to the parties of the specific charges involved;
  - f. The right of both parties to be represented by legal counsel or other individuals of his or her choice;
  - g. The right of each party to present evidence, both written and through witnesses;
  - h. The right of each party to cross examine;
  - i. The right of an impartial decision maker who has not been directly involved in the events from which the complaint arose; and
  - j. A written decision made strictly on the recorded evidence must be rendered within the prescribed time frame.
4. Complete records and documentation will be kept in each contested case, including minutes of testimony, data submitted, findings, appeals and final decisions.
5. Decisions will be made not later than 40 days from the filing of the complaint at the first level, i.e. contractor.

### **Complaints filed at the State Level**

6. If a complainant does not receive a decision at the local level within 40 days of the filing of the complaint or receives an unsatisfactory decision, the complainant has the right to request a review of the complaint by the Division. Requests for such review must be submitted to:

William H. Collins, Jr.  
Assistant Secretary for Workforce  
Division of Workforce Solutions  
313 Chapanoke Road, Suite 120  
4316 Mail Service Center  
Raleigh, NC 27699-4316  
Attn: Mose Dorsey

Such requests must be filed within 10 days of receipt of the adverse decision or 10 days from the date on which the complainant should have received a decision, whichever is earlier. The Division will conduct a review of the

complaint and issue a decision within 40 days from the date of receiving the review request. The Assistant Secretary for the Division of Workforce Solutions may extend the 10 days if: 1)The subrecipient does not notify the complainant of his or her right to request a review by the Division, or 2) for other good cause shown. Under no circumstances shall the time limit be extended for more than 30 days. However, if an extension is not granted, the complainant may follow the procedures listed in number 6 below. The complainant has the burden of proving to the Division that the time limit should be extended.

### **Complaints filed at the Federal Level**

7. Should the Division provide a decision unsatisfactory to the complainant or fail to provide one, the complainant may file a complaint with the Director of the Civil Rights Center of the U.S. Department of Labor. Such requests must be submitted within 30 days of the Division's decision or 120 days from the date the complaint was initially filed at the local level, whichever is earlier.
8. Complaints filed with the Director, Directorate of Civil Rights must be mailed to:

Director of the Civil Rights Center (CRC)  
U.S. Department of Labor  
200 Constitution Avenue NW, Room N-4123  
Washington, DC 20210

The contractor and the LA will maintain a log of complaints filed. The log will include: 1) the name and address of the complainant, 2) the grounds of the complaint, 3) a description of the complaint, 4) the date the complaint was filed, 5) the disposition and date of disposition of the complaint, 6) other pertinent information. Information that could lead to identification of a particular individual as having filed a complaint shall be kept confidential. Records regarding complaints and actions taken thereunder will be maintained for a period not less than three years from the date of resolution of the complaint and made available to the Director of the Civil Rights Center (CRC) or the State upon request. Information concerning all complaints will be kept confidential.

### **B. NON-CRIMINAL PROGRAM COMPLAINTS**

The following procedures apply to non-criminal complaints about programs and activities from participants, subgrantees, subcontractors and other interested persons. This procedure also applies to complaints arising from actions taken by Mid-East Commission with respect to investigations, audits or monitoring reports. When a grievance stems from an alleged act that also violates a federal statute other than WIOA or other applicable program or a state or local law, the individual or agency may, with respect to the non-WIOA cause of action, institute a civil action or pursue other remedies authorized under other federal, state or local law against the LA or its contractor without first exhausting the remedies under WIOA. Except for complaints alleging fraud or criminal activity, complaints must be made within one year of the alleged occurrence.

All complaints must be filed in writing, signed by complainant or authorized representative. The Region Q Compliant Form is to be used that includes the following information:

- a. The full name, address, and telephone number of the complainant;
- b. The full name and address of the person against whom the complaint is made, if applicable;
- c. A clear and concise statement of the acts considered to be a violation;
- d. The provisions of the Act, regulations, grant or other agreement under the Act believed to have been violated;
- e. Other information that will help explain and resolve the complaint.

1. Grievances arising at the contractor level must first exhaust review at the contractor level. A hearing must be held and a decision made at this level within 25 days of the filing of the complaint. If the decision is unsatisfactory to the complainant or a decision is not rendered at the contractor level within 25 days, a request for a review of the complaint may then be filed with the LA. The request must be filed with the LA within 5 days of receipt of a decision from the contractor or within 5 days of when a decision should have been rendered. The LA will review the request and issue a decision within 30 days.

Requests for review at the LA level should be submitted to:

Charlanda Shepard, Equal Opportunity Officer  
Mid-East Commission  
1502 N Market Street, Suite A, Washington, NC  
Washington, North Carolina 27889  
1-800-799-9194  
252-974-1818 (phone)  
252-946-5489 (fax)  
Email: [cshepard@mideastcom.org](mailto:cshepard@mideastcom.org)

Relay numbers for the hearing impaired: 1-800-735-2962 (TTY) & 1-800-735-8262 (Voice)

2. The following provisions will apply to any hearings at the contractor and LA level.
  - a. Reasonable notice to all parties by registered or certified mail;
  - b. A statement of the date, time and place of hearing;
  - c. A statement of the authority and jurisdiction under which the hearing is to be held;
  - d. A reference to the particular section of the Act, regulations, grant or other agreements under the Act involved;
  - e. Notice to the parties of the specific charges involved;
  - f. The right of both parties to be represented by legal counsel;
  - g. The right of each party to present evidence, both written and through witnesses;
  - h. The right of each party to cross examine;
  - i. The right of an impartial decision maker who has not been directly involved in the events from which the complaint arose;
  - j. Complete records and documentation will be kept in each contested case, including minutes of testimony, data submitted, findings, appeals and final decisions.
3. If a complainant receives an unsatisfactory decision or does not receive a decision within 60 days of the filing of the complaint (the 60 days includes review at the contractor level and LA level), the complainant has the right to request a review of the complaint by the Division of Workforce Solutions. Requests for such review should be submitted to:

William H. Collins, Jr.  
Assistant Secretary for Workforce  
Division of Workforce Solutions  
313 Chapanoke Road, Suite 120  
4316 Mail Service Center  
Raleigh, NC 27699-4316  
Attn: Mose Dorsey

Such requests must be filed within 10 days of receipt of the adverse decision or 15 days from the date on which the complainant should have received a decision, whichever is earlier. The Division of Workforce Solutions will conduct a review of the complaint and issue a decision within 30 days from the date of receiving the review request.

With the exception of complaints alleging violations of the labor standards at Section 143 of the Act, the Division of Workforce Solutions' decision is final unless the Secretary exercises the authority for federal-level review in accordance with provisions at 627.601 of the regulations.

4. Should the Division of Workforce Solutions fail to provide a decision as required, the complainant may request from the Secretary a determination as to whether reasonable cause exists to believe the Act or its regulations have been violated. The request for determination must be submitted in writing within 15 days of the date the Division of Workforce Solutions' decision should have been issued.

The complaint must contain the following:

- a. The full name, address and telephone number of the complainant;
- b. The full name and address of the person against whom the complaint is made, if applicable;
- c. A clear and concise statement of the acts considered to be a violation including the date filed with the Division of Workforce Solutions and the date on which the decision should have been issued and an attestation that no decision was issued;
- d. The provisions of the Act, regulations, grant or other agreement under the Act believed to have been violated; and
- e. Other information that will help explain and resolve the complaint such as information concerning remedies and sanctions sought outside the Act.

The Secretary will act within 90 days (120 days for section 143 violations) of receipt of a request and, where appropriate, direct the Division of Workforce Solutions to take further action pursuant to State and local procedures. The Division of Workforce Solutions has 60 days to comply.

5. The LA and its contractors will ensure that employers, including private-for-profit employers of participants under the Act, have a grievance procedure relating to the terms and conditions of employment available to WIOA participants. Employers may operate their own grievance system or may utilize the LA grievance system. Employers will inform participants of the grievance procedures they are to follow when the participant begins employment.

An employer grievance system will provide for, upon request by the complainant, a review of an employer's decision by the LA and the Division of Workforce Solutions, if necessary.

6. Complaints alleging violation of section 143 of the Act will follow the same procedures as other non-criminal program complaints except that they may be submitted to the Secretary by either party to the complaint when the complainant has exhausted the grievance procedures established at the State and local level.

A person alleging a violation of section 143 of the Act, as an alternative to processing the grievance under the procedures herein, may submit the grievance to a binding arbitration procedure, if a collective bargaining agreement covering the parties to the agreement so provides. A person electing to have his/her section 143 labor standards violation processed under binding arbitration provisions: 1) must choose binding arbitration before and in lieu of initiating a complaint under other grievance procedures established herein, and 2) may not elect binding arbitration for a complaint that previously has been or is subject to any other grievance procedures

established under the Act. Binding arbitration decisions under the provisions of section 144(e) of the Act are not reviewable by the Secretary.

### **Alternative Dispute Resolution:**

The complainant may choose to use alternative dispute resolution (ADR) procedures in lieu of the customary investigation process. If the parties do not reach an agreement under ADR at the LA or State level, they may file a complaint with the Director of the Civil Rights Center (CRC) in the event the agreement is breached. In such circumstances the following rules will apply: 1) the non-breaching party may file a complaint with the Director within 30 days of the date on which the non-breaching party learns of the alleged breach. 2) the Director must evaluate the circumstances to determine whether the agreement has been breached. If he or she determines that the agreement has been breached, the complainant may file a complaint with the CRC based on his/her original allegation(s), and the Director will waive the time deadline for filing such a complaint. 3) if the parties do not reach agreement under ADR, the complainant may file a complaint with the Director.

**Workforce Innovation and Opportunity Act (WIOA)**

**WORK EXPERIENCE WORKSITE AGREEMENT**

This establishes an agreement between \_\_\_\_\_ and  
 \_\_\_\_\_  
 (WIOA Youth Services Provider)

(Name of Worksite Agency)                      Please select:  Public  Non-Profit  Private for Profit

herein after referred to as “Worksite” to provide subsidized or unsubsidized internship/work experience to eligible individuals participating in the Region Q Work Experience Program authorized and funded under the Workforce Innovation and Opportunity Act (WIOA). The WIOA Youth Services Provider and the “Worksite” will work together to provide a short-term work experience component which is valuable and meaningful for both the participant and the organization/worksite.

Work experience job assignments will be consistent with each WIOA participant’s capabilities and interest and in an occupational field or specific job in which he/she has minimal or no prior work experience. WIOA funded work experience job assignments are expected to help individuals gain the skills and experience they need to succeed in the workplace and obtain unsubsidized employment.

**TERM:** This agreement will take effect on \_\_\_\_\_ and terminate no later than \_\_\_\_\_.

**This Worksite Agreement provides the following assurances:**

1. Only those participants referred to and declared eligible by the WIOA Services Provider as WORK EXPERIENCE participants will participate under this agreement.
2. The Worksite will comply with the Fair Standard Act, current child labor laws and appropriate North Carolina State and Federal Labor Laws/standards including ADA and OSHA regulations.
3. Participants will be informed of the supervisor's name, role and responsibilities. Youth will relay any problems that might arise to that supervisor. The Worksite will notify the WIOA Service Provider staff if difficulties arise which the worksite supervisor and participant are unable to resolve. WIOA Service Provider staff and/or Worksite supervisor may recommend termination or transfer of the participant if the situation or problem is not resolved.
4. There will be a contingency plans for inclement weather when regular Worksite is designated as out-of-doors.
5. There will be adequate full-time supervision of each WIOA participant by qualified supervisors. When the regular Worksite Supervisor is unavailable, an alternate supervisor will be designated.
6. There will be sufficient equipment and/or materials provided to carry out work assignments.

Equal Opportunity Employer/Program  
 Auxiliary aids and services available upon request to individuals with disabilities.

## **WORK EXPERIENCE WORKSITE AGREEMENT – Page 2**

7. Provide sufficient, meaningful work to keep WIOA participants fully occupied during work hours.
8. Work will be conducted in a safe and sanitary work environment.
9. Oversee the maintenance and certify as accurate, records of participant's time and attendance.
10. Notify the WIOA Service Provider within 24 hours of any accidents, special situations or unusual occurrences.
11. Evaluate each participant as agreed upon and required by the WIOA Youth Services Provider.
12. Provide youth workers with appropriate breaks and lunch hour.
13. No WIOA participant shall be employed or job opening filled (A) when any other individual is on layoff from the same or any substantially equivalent job, or (B) when the Worksite has terminated the employment of any regular employee or otherwise reduced its workforce with the intention of filling the vacancy so created by hiring a participant whose wages are subsidized under this Act.
14. The participating Worksite has not relocated this establishment and commenced operations in the past 120 days, where the relocation resulted in the lost of employment at the original location.
15. Equal Employment Opportunity and Nondiscrimination: The Worksite assures that no person on the grounds of race, creed, color, disability, national origin, sex, age, political affiliation, or beliefs, will be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under the Workforce Innovation and Opportunity Act.
16. The WIOA Service Provider is responsible for payroll processing for WIOA participants. Time sheets must be maintained that document participant's sign in when reporting to work each day, sign out for lunch, sign in when returned from lunch and sign out at the completion of the specified number of hours each day as described in this agreement. No one else is allowed to sign a participant in or out.
17. All requirements and regulations governing the WIOA program will be upheld.
18. This agreement will be maintained at the Worksite and available for review by federal, state and Region Q representatives.

### **ASSURANCES – The WIOA Youth Services Provider Agrees To:**

1. Provide orientation to the work experience participants on program purposes and policies and procedures.
2. Provide Worksite with a list of eligible participants who are available to work at the Worksite.
3. Provide the Worksite with instructions and procedure forms as may be required.
4. Assure that immediate Worksite Supervisors and their alternates will receive orientation as to their duties and responsibilities.
5. Notify Worksite in case of any change in any participant's status and availability to work.
6. Provide labor market information, career exposure activities, counseling and supportive services to the participants as determined to enhance the program for the participant.
7. The Service Provider will obtain/maintain Worker's Compensation Insurance to cover all WIOA participants engaged in internship or work experience at the worksite.

**DRUG FREE WORKPLACE:**

The worksite and the WIOA Youth Services Provider shall maintain a policy of a drug free workplace. All enrollees shall sign a certification during the application process acknowledging that they understand the WIOA Youth Services Provider’s drug free policy and agree to abide by the provisions of that policy.

**PROPERTY DAMAGE AND GENERAL LIABILITY:**

The Region Q Workforce Development Board and Mid-East Commission shall not be held liable for any person or property damage.

**WORK ACTIVITIES**

A written job description must be attached to this agreement. The job description must include:

- (1) Accurate description of required duties and responsibilities;
- (2) Hourly wage for position;
- (3) The days and hours to be worked (not to exceed 40 hours per week).

If the WIOA participant’s job duties at the Worksite change, the Worksite agrees to notify the WIOA Service Provider immediately so that this agreement may be modified.

**TIME, ATTENDANCE AND COMPENSATION:**

Accurate time and attendance records will be kept by the supervisor for each WIOA participant. Records will reflect the time actually worked by the participant. . ***Participants will not be paid for time not engaged in work duties, including absences, lunch periods, vacation time, or holidays.***

**MONITORING:**

It is mutually understood and agreed that the WIOA Worksite may be monitored by the Region Q Local Area staff, NC Division of Workforce Solutions, and/or the US Department of Labor. The WIOA service Provider will monitor the Worksite based on a planned schedule at least once during the term of this agreement. The Worksite supervisor shall maintain current and accurate time and attendance records, and will cooperate fully to provide staff with worksite information or records as required in a timely fashion.

**SUPERVISION:**

Worksite supervisors must be experienced in the work to be performed by the WIOA participant and in supervising entry-level employees. Worksite supervisors should encourage and expect participants to demonstrate good work habit, satisfactory job performance, and positive attitudes about work.



**WORK EXPERIENCE WORKSITE AGREEMENT – Page 4**

Work activities will be performed under the supervision of the person(s) listed below:

<b>Supervisor</b>	<b>Job Title</b>	<b>Alternate Supervisor</b>
1.		
2.		
3.		

**AUTHORIZED SIGNATURES:**

WIOA Youth Services Provider Name	Worksite Name
WIOA Youth Services Provider Authorized Signature	Worksite Authorized Signature
Address:	Address:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
Email:	Email:
Cell Phone Number:	Cell Phone Number:

Address of Actual Worksite if Different From Worksite Name Listed Above:

Worksite Name:	
Address:	
Telephone Number:	

WIOA Youth Work Experience Participant(s) Assigned:

<b>Participant's Name</b>	<b>Age</b>	<b>Job Title</b>	<b>Telephone #</b>	<b>Start Date</b>	<b>End Date</b>
1.					
2.					
3.					
4.					

**Out of Doors Worksite**

If this is an out-of-doors worksite, the following rainy-day activities will be conducted:



**REGION Q NEXTGEN**

**WORK EXPERIENCE TIMESHEET**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Int. \_\_\_\_\_ XX-XX- \_\_\_\_\_  
 ID Number

Pay Rate Per Hour \_\_\_\_\_ TO \_\_\_\_\_ Worksite: \_\_\_\_\_  
 Pay Period

DAY	DATE	IN	OUT	IN	OUT	HOURS WORKED	PARTICIPANT SIGNATURE

TOTAL HOURS WORKED DURING PAY PERIOD \_\_\_\_\_

**PARTICIPANT CERTIFICATION:** I Certify that the above is a true statement of my hours of participation in the work experience program for the pay period indicated.

\_\_\_\_\_  
 Participant's Signature

\_\_\_\_\_  
 Date

**WORKSITE SUPERVISOR:** I have reviewed the Participant Time Sheet and concur that the above named participant actually worked for the number of hours for the pay period indicated.

\_\_\_\_\_  
 Worksite Supervisor's Signature

\_\_\_\_\_  
 Date

**WIOA STAFF CERTIFICATION:** I have reviewed the Work Experience Program Participant Time Sheet and conclude that the hours and totals for the pay period indicated are correct and accurately represent hours worked.

\_\_\_\_\_  
 WIOA Career Consultant

\_\_\_\_\_  
 Date

## Region Q Workforce Development Board

**Insert Provider Name Here**

### Work Experience (WEX) Trainee Evaluation

Trainee Name:

Supervisor Name:

Company Name:

**Section 1: Evaluation**

JOB SKILLS OBJECTIVES	MIDPOINT EVALUATION OF SKILLS	MIDPOINT EVALUATION DATE	FINAL EVALUATION OF SKILLS	FINAL EVALUATION DATE
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
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	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	

**Section 2: Authorized Signatures**

*Midpoint Evaluation*

*Final Evaluation*

<i>I hereby certify that the above information is accurate.</i>		<i>I hereby certify that the above information is accurate.</i>	
EMPLOYER SIGNATURE:	DATE:	EMPLOYER SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:	SUPERVISOR SIGNATURE:	DATE:
TRAINEE SIGNATURE:	DATE:	TRAINEE SIGNATURE:	DATE:

**Section 3: Comments (please explain any unsatisfactory evaluation items)**



# REGION Q

## WORKFORCE DEVELOPMENT BOARD

**SERVING BEAUFORT, BERTIE, HERTFORD, MARTIN, & PITT COUNTIES**

“Equal Opportunity Employer/ Program.  
Auxiliary aids and services available upon request to individuals with disabilities.”