#### GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

# YOUTH SERVICES WORK EXPERIENCE HANDBOOK

## SUPERVISOR/TRAINEE

\*This handbook is provided to both Supervisors and Trainees to outline responsibilities related to the Youth Services Providers monitored work experience program.

## INTRODUCTION

As a youth participant, you are on the road to success that leads to professional goals. You are, receiving this Handbook, which will be a potential lead to greater success and fulfillment over the long arch of your professional life. If you are a Trainee in the Work experience program (WEX), you are gaining exposure to the working world and its requirements from a professional or "pro". This person has overcome many obstacles in life and excels in the workforce and willing to share his or her knowledge and wisdom about accomplishments and success with you as a trainee. It will be your responsibility to take advantage of this opportunity to actively stay in engage, not only by cooperating with your Work Experience Supervisor but by demonstrating you are determined and have the desire to achieve your goals.

If you are a Supervisor, you have, as stated above, committed to serving as a role model for one or more youth in the program. With your guidance, the trainee(s) will learn personal attributes, knowledge, and basic job skills. They will have the opportunity to experience; see positive decision-making, problem-solving techniques, the importance of teamwork, time management and initiative at work by being exposed to the different work techniques this will allow the trainee(s) to understand what it takes to succeed in the workplace. With your reassurance, trainees will be motivated eager to learn and become successful.

There are guidelines and requirements for all participants (Supervisors, Trainees, and Program employees) in the Work Experience program. This Handbook outlines those guidelines and requirements, which will better help you understand the paperwork and procedures for WEX.

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As a supervisor, you will gain an overview of qualifications and expectations, standards for conduct, *evaluation procedures, and documentation* important to the successful completion of the program.

In this Handbook, you will notice there are three main sections. The first outlines the Expectations and Guidelines for Trainees; the second section describes the Qualifications, Responsibilities, and Strategies for Work Experience Supervisors. There are several forms and documents that have been provided for your use (optional) be sure to read, complete, and display (if applicable) each one, as required. The third section, the Appendix, contains the **Work Experience Agreement**. All parties must sign the WEX agreement **prior** to the start date.

|  | )       |
|--|---------|
| ☐ <b>Trainee Job Description</b> for each Trainee at the Work Site (page 8).                                     |         |
| ☐ <b>Injury Procedure Incident Report</b> (page 14).   |         |
| ☐ Work Experience Agreement (page 28).   |         |
| ☐ <b>Child Labor Laws</b> specific to your state (examples on page 11; official posters av from Dept. of Labor). | ailable |

## $\ \ \, WORKFORCE\ MIDSOUTH, INC.$

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## SUPERVISOR / TRAINEE HANDBOOK

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## I. PROGRAM OVERVIEW

has developed the Work Experience program to be in compliance with the Workforce Innovation and Opportunity Act of 2016. The purpose as defined as **20CFR 681.600** which states work experiences is a planned, structured learning experience that takes place in a workplace for a limited period of time. Also, the work experience may be paid or unpaid, as appropriate. WEX should focus on assisting youth participants to establish employment skills and demonstrate success in the workplace that lead to Trainee in obtaining unsubsidized employment.

As a participating employer, the employer has the opportunity to acquire a quality employee at no cost, *and* they pleasure preparing youth for the world of work. The youth involved have the opportunity to gain employment skills and work experience encouraged by the support of Youth Services Providers and business partners who are committed to helping them to fulfill their goals.

The \_\_\_\_\_ Work Experience Program highlights the following:

- Trainees motivated and ready for an employment opportunity
- Development of Employability Skills
- Enhancement of "soft skills" necessary for future employment
- Parental Involvement
- Support and supervision, along with regularly-scheduled formal evaluations
- Career Coaching

## A. Trainee Eligibility

All Trainees in the Work Experience Program must be the age of 16 and have been determined eligible for this Work Experience component prior to the referral and interview process. All WEX participants must meet program eligibility requirements, be enrolled in the WIOA Youth program, and the need for WEX must be documented on the Individual Employment Plan. Trainees who may have received funding through an Individual Training Account or other WIOA funding training are also eligible for WEX.

Trainees will receive a thorough orientation Youth WEX component, through their participation in a youth program. This orientation prepares trainees to succeed in the WEX component by establishing guidelines and expectations for professional conduct. In addition, case managers will maintain regular contact with Trainees to ensure they receive appropriate training and support.

## **B.** Supervisor Eligibility

Supervisors participating in the Work Experience Program must have excellent leadership skills. They must be willing to show and encourage good work habits; they must be able to teach and encourage confidence in each Trainee. To enhance the value of the program, Supervisors must hold Trainees to a strict standard of attendance, punctuality, and performance while motivating them to be part of a work team. The WEX Supervisor must:

- Be understanding of, and tolerance for, youth behavior.
- Keep a positive, friendly manner, as well as an expectation of mutual respect.

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- Maintain the expectation that Supervisors be addressed by title (Mr., Mrs. or Miss) rather than by first names. It is imperative that Trainees comprehend the difference between a Supervisor and a friend.
- Lead by example.
- Have the ability to establish a relaxed working relationship. Trainees must feel comfortable to ask questions and discuss any problems he/she may be experiencing.
- Clearly, define expectations hold Trainees accountable to these standards.
- Possess the ability to organize and assign appropriate duties for Trainees.

## II. EXPECTATIONS AND GUIDELINES FOR TRAINEES

Trainees are expected to conduct themselves in a professional manner at all times while employed. They are to adhere to the policies and procedures of the Work Experience Program, as well as of the business in which they are employed. Violations of the professional code of conduct will result in appropriate disciplinary action.

## A. Standards of Professional Conduct

The following policies must be observed as part of the employment experience. These policies are not to suggest other policies at the worksite should not be developed and upheld, if deemed necessary.

#### **SMOKING POLICY**

It is the policy of this program to protect the health, comfort, and environment of Trainees by establishing a *no smoking policy*.

### **WEAPONS CONTROL POLICY**

It is the policy of this program that the possession, use, or sale of firearms, ammunition, fireworks or other dangerous weapons is prohibited. Violation of this code will result in immediate termination from the program. <u>Offenders will be prosecuted to the fullest extent of the law.</u>

#### **DRUG-FREE POLICY**

It is the policy of this program that Trainees <u>shall not be involved</u> in the unlawful use, possession, sale or transfer of drugs or narcotics in any manner. This includes the off-property abuse of alcohol, illegal drugs, controlled substances or prescription drugs that impair the Trainees' ability to perform.

#### **SEXUAL MISCONDUCT POLICY**

It is the policy of this program to prohibit all sexual contact. *Violation will result in immediate termination*.

#### **DRESS CODE POLICY**

It is the policy of this program that all Trainees have good grooming habits and appropriate

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attire and will comply with the dress code policy defined by the worksite employer.

#### **VISITOR POLICY**

It is the policy of this program that Trainees <u>will not be allowed</u> to have visitors or receive non-emergency personal telephone calls during work hours.

If at any time, the Trainee violates any of the above policies, or if the worksite Supervisor has other challenges with the Trainee, the Case Manager will intervene as the official employer and determine any personnel action and/or continued program participation.

## **B. Work Experience Expectations**

### **Weekly Schedule**

Trainee schedules shall be determined by the worksite location and follow the schedule defined in the **Work Experience Agreement** located at the back of this Handbook. Changes to the schedule *must be approved by the Project Director*.

#### Job Responsibilities

A job title and clearly defined job responsibilities will be recorded on the **Trainee Job Description** (page 8). The trainee will perform such duties as noted, with necessary direction and supervision from the worksite Supervisor. The **Trainee Job Description** should at all times, be posted in the Trainee's work area.

### **Punctuality**

A Trainee is required to be punctual, which includes returning from breaks and lunch periods on time. If a Trainee is late, there must be an acceptable reason for the tardiness. In the event of chronic tardiness, a **Poor Work Performance Notification** (page 20) will be issued.

#### **Absenteeism**

Regular attendance is required of all Trainees. In the event an emergency should arise, Trainees must call their worksite Supervisor and \_\_\_\_\_\_ Case Manager at least 30 minutes prior to their designated work start time. Failure to call within the prescribed 30-minute period, or failure to report an absence, will result in a Poor Work Performance Notification (page 20), which precedes an Employment Termination Notification (page 21). Trainees will be given an opportunity to improve in the area of concern in order to prevent termination from the program. (\*See Unsatisfactory Job Performance Overview on page 19 for more information.)

#### **Holidays**

There are no provisions for Trainees to be paid for legal holidays. All legal holidays that fall within the program period should be recognized as days off.

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#### **Inclement Weather** (if applicable to job responsibilities)

If completion of Trainee's job duties is contingent on the weather, it is the obligation of the worksite Supervisor to assign secondary job duties and list them on the **Trainee's Job Description**.

#### **Undue Harassment**

It is the expectation of the program that neither Trainees nor the worksite staff shall conduct themselves in a manner definable as harassment. Reports of harassment shall be viewed as significant by and shall be reviewed with serious consideration.

#### **Grievance Procedures**

It is the policy of this program that no Trainee will be discriminated against because of race, religion, color, handicap, sex, age, national origin, beliefs or political affiliation. A positive, goal-oriented program has been established to achieve this objective. All Trainees will receive a copy of the **Grievance Procedures** form (pages 9-10). This form outlines the steps that must be taken in order to file a grievance or a complaint. It should be completed and filed in each Trainee's file.

#### **Child Labor Laws**

The Child Labor Laws are designed to protect and benefit each Trainee. Employers must comply with both federal and state laws. When federal and state standards are different, the rules that provide the most protection to youth workers will apply. You are required to post the Child Labor Laws in the work site area. Posters of said laws are available from the U.S. Department of Labor as well as from your state DOL. (See **Child Labor Laws**, pages 11-12, for more information.)

#### **Worker's Compensation**

The program provides Workers' Compensation payment for medical expenses for Trainees injured on the job. If time is lost from the job due to injury, supervisors will indicate as such on the timesheet. A Trainee is not eligible for any compensation when not at work.

#### **Injury Instruction**

Injuries must be reported to the Trainee's Worksite Supervisor and Youth Services Case Manager as soon as possible. An **Injury Procedure Form** (14) must be posted in the worksite area, along with **Emergency Contact Information Form** (13).

## **Payday**

| All payroll processing will be managed by          | The                 | Case Manag       | ger/ Outreach    |
|--|---------------------|------------------|------------------|
| Specialist will collect timesheets on specified of | days, and Trainees' | compensation     | will reflect the |
| time recorded at the worksite location. All times  | heets must be uploa | ded in the State | e's MIS system   |
| i.e. Jobs4TN/VOS.                                  |                     |                  |                  |

#### **Payroll Deductions**

Standard deductions such as FICA (Social Security), Medicare and, if applicable, federal taxes, will be withheld from Trainee checks.

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**Post** 

## **TRAINEE JOB DESCRIPTION**

The Job Description is a broad, general and written statement of a specific job. It generally includes the duties and responsibilities required in a job, and the necessary skills, knowledge, and abilities needed to perform the job. It is used to develop selection and training programs, classify jobs for pay purposes, and improve performance appraisals.

| Name of Company                                     |                           |                         |              |         |
|---|---------------------------|-------------------------|--------------|---------|
| Worksite Location                                   |                           |                         |              |         |
| Department  |                           |                         |              |         |
| Supervisor  |                           |                         |              |         |
| Assistant Supervisor (must name)                    |                           |                         |              |         |
|   | a.m.                      | p.m.                    |              | Minutes |
| Scheduled work hours per week                       | Workday begins            | Workday ends            | Lunch Break  |         |
| JOB TITLE:  |                           |                         |              |         |
| 1   |                           |                         |              |         |
| 2   |                           |                         |              |         |
| 3   |                           |                         |              |         |
| 4   |                           |                         |              |         |
| 5   |                           |                         |              |         |
| Will there be different job rules, please continue. | esponsibilities in the ev | vent of inclement weath | her? □ YES □ | NO      |
| Job F   | Responsibilities in Ca    | ase of Inclement We     | ather        |         |
| 1   |                           |                         |              |         |
| 2   |                           |                         |              |         |
| 3.  |                           |                         |              |         |
| 1   |                           |                         |              |         |
|   |                           |                         |              |         |

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# GRIEVANCE & COMPLAINT PROCEDURES FOR WIOA Youth Services Work Experience Trainees

#### **GRIEVANCE PROCEDURES:**

If you have a programmatic grievance, you should discuss the matter with your Youth Services Provider's Case Manager. If the problem cannot be resolved, submit a letter of grievance to:

Workforce Midsouth, Inc. 80 Monroe Avenue, Suite 300 Memphis, Tennessee 38103 901.707.8812

If you do not receive a decision at this level within 30 calendar days of filing the grievance, or if you are dissatisfied with the decision, or if a written decision is not provided to you, you may file a review with the Executive Director of your regional workforce board, Workforce Midsouth, Inc.

If a written decision is not provided to you within 60 days of filing, you may appeal to the:

Director of Civil Rights Center U.S. Department of Labor 200 Constitution Avenue NW, Room N-4123 Washington, D.C. 20210

A grievance must be filed within one year of the alleged violation. Appeals to the Secretary of Labor must be made within 10 days of receipt of a decision or failure to receive a written decision.

### **COMPLAINT PROCEDURES:**

If you, as a Workforce Innovation and Opportunity Act (WIOA) program participant or applicant, believe that your rights are being violated due to an act of discrimination based on race, color, sex, national origin, religion, age, political affiliation, citizenship or belief, you may file a complaint of discrimination with the United States Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210 within 180 days of the alleged occurrence.

Complaints of discrimination based on handicap must be file locally with Workforce Investment Network.

If dissatisfied with the local decision, you may appeal to the U.S. Department of Labor at the address above, within 180 days of the decision, or 90 days from the filing of the complaint, whichever is earlier.

It is understood that no WIOA recipient, or other person, shall intimidate, threaten, coerce or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI of the Civil Rights Act of 1964 and Section 34.8 of the Federal Regulations or because the person has made a complaint, testified, assisted, or participated in any manner in an investigation, proceedings, or hearing.

| As a WIOA participant enrolled with                      | , I certify that I have read and/or understand my |
|--|---|
| rights and responsibilities as listed in this statement. |   |

| Trainee Signature   | Date   |      |
|---|--|------|
| Parent/Guardian Signature (if under 18)                             | Date   |      |
| As a representative of (or had the process explained) regarding the | , I verify that the above-signed applicant/participant has ne WIOA grievance and complaint procedures. | read |
| Representative Signature, Title                                     | <br>Date   |      |

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## CHILD LABOR LAWS C

#### Overview

Federal child labor rules are established by the Fair Labor Standards Act (FSLA). This act establishes minimum wage, overtime pay, record keeping, and child labor rules affecting full- and part-time workers. The rules vary depending upon the age of the worker and the occupation. In addition, all states have child labor standards. When Federal and State standards differ; the rules that provide the most protection to young workers will apply.

# Some specifics of the <u>Federal</u> Child Labor Laws include:

#### Hours

Minors ages 14 and 15 may work

- Outside of school hours
- After 7 a.m. and until 7 p.m. (until 9 p.m. during summer vacation June 1-Labor Day)

#### No more than

- 3 hours on a school day
- 18 hours during a school week
- 8 hours on a non-school day
- 40 hours in a non-school week
- ◆ There are no federal restrictions on the work hours for youth ages 16 or older, however many states do have more strict regulations.
- ♦ In Florida, for example, minors ages 16 & 17 are allowed to work 30 hours a week when school is in session and 8 hours per day between 6:30 a.m. and 11 p.m., if school is scheduled the following day. There are no limitations on hours worked when school is not scheduled the following day, or during holidays and summer vacation.
- Minors are NOT permitted to work during normal school hours unless they are enrolled in a school-to-work experience program, career education or other program declared exempt by the state, or have a partial waiver.

#### **Days**

Minors in most states are not permitted to work more than six consecutive days in one week. This applies throughout the year

#### **Breaks**

The Federal child labor provisions do not regulate such things as breaks or meal periods. In some states, however, minors are not permitted to work for more than four hours without a 30-minute, uninterrupted meal break.

#### **Partial Waivers**

Most state labor laws are designed to serve and protect minors while encouraging them to remain in school. At times, minors may feel that the law conflicts with their best interest, therefore they have the right to request exemption from parts of the law. Many states, (Florida, for example) have provisions by which waivers may be granted on a case-by-case basis, when it clearly appears in the best interest of the minor.

## **Exemptions**

In many states, minors are exempt from the hour restrictions of the Child Labor Law in the following instances: if they have been married; have graduated from an accredited high school or hold a high school equivalency diploma; have served in the military; have been authorized by a court order; or have been issued a partial waiver by the public school or Child Labor Section.

## **Jobs Youth Can and Cannot Perform**

Child Labor Laws regulate jobs that minors can and cannot perform. For example, minors **ages 13** or younger can babysit, deliver newspapers, work as an actor or performer, or work in a business or on a farm solely owned (or operated) by their parents.

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At **ages 14 and 15**, minors may *also* work in an office, a grocery store, retail store, restaurant, movie theater, ballpark, amusement park, or at a gasoline service station. Youth **ages 14 and 15** may *not* work in (or with) the following:

- Communications or public utilities jobs,
- Construction or repair jobs,
- driving a motor vehicle/helping a driver,
- manufacturing and mining occupations,
- power-driven machinery or hoisting apparatus other than typical office machines,
- processing occupations, public messenger jobs,
- transporting persons or property, workrooms where products are manufactured, mined or processed, or
- warehousing and storage.

At **age 16** a youth can work in any job that has not been declared hazardous by the Secretary of Labor. Hazardous occupations include:

- manufacturing and storing of explosives,
- driving a motor vehicle or being an outside helper on a motor vehicle, coal mining,
- logging and sawmilling,
- power-driven woodworking machines,
- exposure to radioactive substances,
- power-driven hoisting apparatus,
- power-driven metal-forming, punching, and shearing machines,
- mining, other than coal mining,
- meat packing or processing (including the use of power-driven meat slicing machines),
- power-driven bakery machines,
- power-driven paper-product machines,
- manufacturing brick, tile, related products,
- power-driven circular saws, band saws, and guillotine shears,
- wrecking, demolition, and shipbreaking operations,
- roofing operations, *or*
- excavation operations.

When a youth turns 18, he/she can work at any job for any number of hours. The child labor rules no longer apply.

### **Work Permit/Age Certification**

Some states require minors to obtain work permits prior to getting a job. *Examples:* California, Indiana, and Michigan all require an Employment Certificate (issued by the school) for minors under the age of 18. Maine, Illinois, and Missouri require Employment Certificates only for employed minors under the age of 16. Other states (Florida, South Carolina, and Texas, to name a few) require an Age Certification, issued by either the school or the labor department. Employers should keep proof of age on all minor employees, as well as any document that exempts the minor from the law. *Note:* the above are only examples. Check with your state or local labor department to find out what permits or certifications are required in your state.

## Additional Employer Responsibilities

Employers are required to post in a conspicuous place, on the property or place of employment, where it may be easily read, a poster which notifies minors of the Child Labor Law. Posters are available from the U.S. Department of Labor Wage and Hour Division.

#### For More Information

Find out about the Child Labor Laws in your state by accessing your State Department of Labor, or go to the U.S. Department of Labor at http://www.dol.gov/elaws/esa/flsa/, then link to State Child Labor Laws. Another good source of information is the Department of Labor website YouthRules! This site is designed to promote positive and safe work experiences for teens. The site outlines federal child labor guidelines and highlights resources for teens, parents, educators, employers. Some resources and include downloadable bookmarks to provide to employees and warning stickers to use on hazardous equipment and machinery, posters to display in the workplace, and self-assessment tools for employers. Go to www.youthrules.dol.gov to view the resources available.

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

**Post** 

# **EMERGENCY CONTACT INFORMATION SHEET**

## YOUTH SERVICES EMPLOYMENT TRAINING PROGRAM

| Гrainee's Name  |  |
|---|--|
|   |  |
| Trainee's Home Address  |  |
| Trainee's Phone Number  | Name of Person to Contact at Home  |
| Emergency Information:  |  |
| Person to Contact in Emergency  | Relationship to Employee (Trainee)   |
| Phone Number (must be different than home #)  | Check if phone number is: ☐ Work ☐ Home ☐ Cell   |
|   |  |
| In case of an EMERGENCY, call 911 and coo   |  |
| In case of an EMERGENCY, call 911 and coo<br>Services Provider staff to communicate details   | ordinate immediate assistance. Contact Youth sof the accident and location of Trainee.                   |
| In case of an EMERGENCY, call 911 and coo<br>Services Provider staff to communicate details   | ordinate immediate assistance. Contact Youth   |
| In case of an EMERGENCY, call 911 and coo<br>Services Provider staff to communicate details   | ordinate immediate assistance. Contact Youth sof the accident and location of Trainee.                   |
| In case of an EMERGENCY, call 911 and coo<br>Services Provider staff to communicate details  Staff Name  Additional Staff Name  | ordinate immediate assistance. Contact Youth s of the accident and location of Trainee.                  |
| In case of an EMERGENCY, call 911 and coo Services Provider staff to communicate details  Staff Name  Additional Staff Name  Non-Emergency Incident Contact the above named staff   | ordinate immediate assistance. Contact Youth s of the accident and location of Trainee.                  |
| In case of an EMERGENCY, call 911 and coo Services Provider staff to communicate details  Staff Name  Additional Staff Name  Non-Emergency Incident Contact the above named staff services if required.                       | ordinate immediate assistance. Contact Youth sof the accident and location of Trainee.  Phone #  Phone # |
| In case of an EMERGENCY, call 911 and coo Services Provider staff to communicate details  Staff Name  Additional Staff Name  Non-Emergency Incident Contact the above named services if required.  will take youth to medical | Phone #  To determine need for medical services and location of  |

# WORKFORCE MIDSOUTH, INC. GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

**Post** 

## INJURY PROCEDURE INCIDENT REPORT

## 

□ NO

Time

☐ YES

 $\Box$ YES

□ NO

☐ NO

| Name   | Title                     |                                     |
|--|---------------------------|-------------------------------------|
| - <del></del>                                | <del></del>               |                                     |
| Name   | Title                     |                                     |
| Name   | Title                     |                                     |
|  |                           |                                     |
| Action taken to provide attention to injury  |                           |                                     |
| Location of Service Provider, if appropriate |                           |                                     |
| Worksite Representative Statement (ex        | plain nature of incident) |                                     |
|  |                           |                                     |
|  |                           | (Use additional sheets if necessary |
|  |                           |                                     |

☐ YES

Date

Copy of Injury Report provided to Employer/Training Site:

Workers' Compensation Coordination:

14

Contact with Parents

Witnesses

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## C. Instructions for Timesheet

A Trainee's timesheet is the basis for calculating wages; therefore, it is very important that it be completed accurately. Your Youth Services Trainee(s) may have received monies through payroll in earlier segments of the employment-training program. In that case, the Trainee(s) should be 100% prepared to complete an error-free timesheet. It is then the responsibility of the Supervisor, along with the Trainee, to verify all information recorded on the timesheets.

If the timesheet is completed incorrectly, a Trainee will not be paid on time. It is important for each Trainee to be aware that standard deductions, which include FICA and Social Security, are withdrawn from each paycheck. Guidelines for accurate completion of the timesheet are as follows:

- Timesheets must be completed in blue or black ink pen.
- Timesheets must be completed without smudges, scratch outs or whiteout correction fluid.
- Timesheets must contain the Trainee's correct name exactly as it appears on the social security card or state-issued ID.
- Timesheets must contain the correct dates of each pay period.
- Trainees must sign in and out for lunch break.
- Trainees must complete the timesheet by reporting hours worked on the quarter-hour only [every fifteen (15) minutes]. If a Trainee arrives five (5) minutes after any quarter-hour begins, the Trainee must sign in at the beginning of the next quarter-hour. For example, if a Trainee arrives at 8:05 a.m., the form must be signed at 8:15 a.m.
- Trainees must sign each timesheet with an official, full signature (**NO INITIALS PLEASE**).
- Supervisors must verify and complete the timesheet during the pay period with an official, full signature (NO INITIALS PLEASE).

<sup>\*</sup>See attached **Trainee Timesheet** for guidance.

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## **Youth Services Time Sheet**

| Full Name  Beginning Payroll Period  Week 1 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday  Week 1: Total Hours Worked  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday  Week 2: Total Hours Worked  | Supervisor               | Contact.     |          |          | Empl    | oyee Inforr | nation |
|--|--------------------------|--------------|----------|----------|---------|-------------|--------|
| Week 1 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday  Week 1: Total Hours Worked  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Thursday Friday  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Thursday Triesday Friday  Wednesday Thursday Friday   | Full Name                |              |          |          |         |             |        |
| Saturday Sunday Monday Tuesday Wednesday Thursday Friday  Week 1: Total Hours Worked  Week 2 Date Time In Saturday Sunday Monday Tuesday Thursday Time In Time Out Time In Time  | Beginning Payroll Period |              |          |          |         |             |        |
| Sunday Monday Tuesday Wednesday Thursday Friday Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday Sunday Monday Tuesday Friday Thursday Friday Thursday Friday Monday Tuesday Monday Truesday Friday Monday Thursday Friday Monday Thursday Friday Monday Thursday Friday Monday Monda | Week 1                   | Date         | Time In  | Time Out | Time In | Time Out    | Total  |
| Sunday Monday Tuesday Wednesday Thursday Friday Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday Sunday Monday Tuesday Friday Thursday Friday Thursday Friday Monday Tuesday Monday Truesday Friday Monday Thursday Friday Monday Thursday Friday Monday Thursday Friday Monday Monda | Saturday                 |              |          |          |         |             |        |
| Monday Tuesday Wednesday Thursday Friday  Week 1: Total Hours Worked  Week 2 Date Time In Saturday Sunday Monday Tuesday Wednesday Thursday Triday Time Out Time In Time Out Time I |                          |              |          |          |         |             |        |
| Tuesday Wednesday Thursday Friday  Week 1: Total Hours Worked  Week 2 Date Time In Saturday Sunday Monday Tuesday Wednesday Thursday Thursday Friday  Time In Time Out Time In T |                          |              |          |          |         |             |        |
| Thursday Friday  Week 1: Total Hours Worked  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday  | Tuesday                  |              |          |          |         |             |        |
| Week 1: Total Hours Worked  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday   | Wednesday                |              |          |          |         |             |        |
| Week 1: Total Hours Worked  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday   | Thursday                 |              |          |          |         |             |        |
| Week 1: Total Hours Worked  Week 2 Date Time In Time Out Time In Time Out Saturday Sunday Monday Tuesday Wednesday Thursday Friday   | Friday                   |              |          |          |         |             |        |
| Saturday Sunday Monday Tuesday Wednesday Thursday Friday   |                          |              | Tr: 1    | T: 0 4   |         | T: 0.1      | T 1    |
| Sunday  Monday  Tuesday  Wednesday  Thursday  Friday   |                          | Date         | 1 ime in | Time Out | 11me In | Time Out    | Total  |
| Monday Tuesday Wednesday Thursday Friday   |                          |              |          |          |         |             |        |
| Tuesday Wednesday Thursday Friday  |                          |              |          |          |         |             |        |
| Wednesday Thursday Friday  |                          |              |          |          |         |             |        |
| Thursday Friday  |                          |              |          |          |         |             |        |
| Friday   |                          |              |          |          |         |             |        |
|  |                          |              |          |          |         |             |        |
|  | Week 2: Tota             | ıl Hours Wor | ·ked     |          |         |             |        |

### GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## D. Performance Evaluations

Though the Supervisor should routinely observe and offer constructive feedback to each Trainee, it is necessary for Supervisors to conduct formal bi-weekly evaluations on work competencies and job performance. (See copy of **Bi-weekly Evaluation**). The following areas of performance shall be covered:

- The Trainee consistently demonstrates . . .
  - O a positive attitude
  - positive behavior
  - professional conduct
  - O personal maturity.
- The Trainee demonstrates an appropriate worksite personal appearance.
- The Trainee is consistently punctual.
- The Trainee maintains regular attendance.
- The Trainee demonstrates good interpersonal skills with supervisors.
- The Trainee demonstrates good interpersonal skills with co-workers.
- The Trainee completes assigned tasks effectively.

After completing the **Bi-Weekly Performance Evaluation** form, the Supervisor should schedule a time to sit down with the youth to go over the evaluation. Offering regular, constructive feedback is necessary for the professional growth and success of any new employee.

Additionally, the Youth Services Case Manager will conduct continuous case management with an on-site visit to the Worksite Supervisors bi-weekly.

The Case Manager will conduct:

- An individual Performance Evaluation of each trainee
- Obtain and upload timesheets of the trainees and
- Review the progress of the Supervisor's **Bi-Weekly Performance Evaluation**.
- This regular contact is necessary in order to adequately serve the Trainees (as well as the worksite employer) and to address any developing problems or needs.

|   | LI I LIXI OIXIVIA  | ANCE EVA          | LUA    | ΓΙΟΝ   |            |
|---|--|-------------------|--------|--------|------------|
| Trainee's Name  | Evaluation Perio   | od                |        |        |            |
| Supervisor's Name   | Work Site  |                   |        |        |            |
| <b>Instructions:</b> Rate the Trainee on the fol will aid the Trainee in improving his/her pe should immediately follow the evaluation. | _  |                   |        | -      | -          |
| 2 - Adequate demoi<br>1 - Poor demonstrat   | ration of appropriate be<br>instration of appropriate<br>ation of appropriate beha<br>emonstration of appropri | behavior<br>avior |        |        |            |
| Skill   |  | Work              | site S | upervi | sor Rating |
| Demonstrates positive work attitude and behavior  | work   | 0                 | 1      | 2      | 3          |
| Demonstrates appropriate personal groom   | ming and   | 0                 | 1      | 2      | 3          |
| Demonstrates professional conduct and praturity   | personal   | 0                 | 1      | 2      | 3          |
| s consistently punctual   |  | 0                 | 1      | 2      | 3          |
| Maintains regular attendance  |  | 0                 | 1      | 2      | 3          |
| xhibits good interpersonal skills interacupervisor  | cting with   | 0                 | 1      | 2      | 3          |
| Exhibits good interpersonal skills interac<br>Co-Workers  | cting with   | 0                 | 1      | 2      | 3          |
| Completes assigned tasks effectively  |  | 0                 | 1      | 2      | 3          |

#### GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## E. Unsatisfactory Job Performance Overview

| If a Trainee demonstrates unsatisfactory behavior/performance, it is the Supervisor's responsibility to report |
|--|
| it to the Youth Services Case Manager as soon as possible. The Case Manager will take immediate action to      |
| address the situation. In a meeting with the Trainee, the Case Manager will discuss the performance issue to   |
| get a complete understanding of the situation. If the concern cannot be resolved through communication         |
| between the Case Manager, Supervisor, and Trainee, the Case Manager will take the next step, which is to       |
| contact the Youth Service Project Director to receive permission to administer disciplinary                    |
| action.  |

Disciplinary action will consist of any one (or combination) of the following:

- Verbal discussion and warning to Trainee.
- **Issuance of a Poor Work Performance Notification** (page 20) **to Trainee**. This notification will outline the problem(s), recommend positive action steps to resolve the problem(s), and establish a time frame within which the corrective action should take place.
- Termination of the Trainee from the Program (see the Employment Termination Notice on page 21). Final termination rests with the Youth Services Project Director. Neither the permanent personnel at the worksite nor the Youth Services Case Manager has the authority to implement final termination. The worksite supervisor may request that a Trainee not return to work if he /she deems the situation critical.

The final decision regarding the disciplinary action must be the result of consultation between the Supervisor, the Youth Services Case Manager, and in some cases, the Youth Services Project Director. The Supervisor may give warnings for unsatisfactory performance, but, if further formal action is needed, the Case Manager must be notified.

# WORKFORCE MIDSOUTH, INC. GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## POOR WORK PERFORMANCE NOTIFICATION

## YOUTH SERVICES EMPLOYMENT TRAINING PROGRAM

| Traine                                | e's Name:  | Date  |
|---------------------------------------|--|---|
| Emplo                                 | yer  |   |
| Superv                                | visor's Name   |   |
| relate                                |  | Youth Work Experience Program, you are aware of your workels, you have shown <i>less than acceptable</i> performance in the |
| □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Work attitude and behavior Appearance and grooming Conduct and personal maturity Punctuality Attendance Interpersonal skills: Interactions with Supervisor Completion of work tasks Other  d on the above, the following changes respectively. |   |
|                                       |  |   |
| perf                                  |  | ior over the next week to an acceptable level of om participation in the Work Experience component of the                   |
| Signat                                | ure of Trainee   | Signature of Youth Services Representative  |
| Signat                                | ure of Supervisor  |   |

## $\ \ \, WORKFORCE\ MIDSOUTH, INC.$

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## **EMPLOYMENT TERMINATION NOTIFICATION**

| Trainee's Name  | Date   |
|---|--|
| Employer  | Supervisor's Name  |
| Your work performance has not improved to an admeeting, held on (Date), you we performance and the possible consequences:   | dequate level over the past number of days. In our last ere informed of the importance of improving your                           |
| regrets to inform you that you Youth Services Work Experience Program   | ou have been terminated from further participation in the as of today's date.  |
| You will be paid in full for the hours work normal payroll schedule.  | ed up to and through this date, in accordance with the   |
| Your next activity in the program shall be  |  |
| You have been terminated for the following reason   | n(s):  |
| <ul> <li>□ Negative work attitude and behavior</li> <li>□ Unprofessional conduct/maturity</li> <li>□ Poor attendance record</li> <li>□ Not exhibiting good interpersonal skills:</li> <li>□ Problems with Supervisor</li> </ul> | ☐ Inappropriate appearance/grooming ☐ Problems with punctuality ☐ Inadequate completion of work tasks ☐ Problems with Co-worker(s) |
| ☐ Other   | · ·  |
|   | have the right to appeal this decision with the Project the Youth Services <b>Grievance Form</b> (pages 9-10).                     |
| Signature of Trainee  | Signature of Representative  |
| Signature of Supervisor   |  |
| int dataile according DEOLUBED accord   | ut ann   |
| ist details regarding REQUIRED parent notificat lote: Action must be approved by  |  |

#### GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## III. SUPERVISOR RESPONSIBILITIES AND STRATEGIES

| A Supervisor of a                              | Work Experience Trainee has an opportunity to make a |
|--|--|
| difference – not only on the youth but also in | the workplace and in the community.                  |

## A. GUIDELINES AND EXPECTATIONS

The responsibilities of a Supervisor include, but are not limited to, the following:

- Assist in the development of a job description for each position Trainees will hold within your worksite.
- Orientate Trainees to the job as outlined in the job description, and to the workplace itself.
- Introduce Trainees to co-workers; help them understand the policies and procedures.
- Help Trainees understand their role within the organization.
- Explain and show Trainees how the various tasks are to be performed.
- Help Trainees recognize the importance of routine tasks. Understanding that each task is critical
  to the success of the department/organization will help them appreciate the contribution they are
  making.
- Assign tasks that are challenging to the Trainees; help them develop their skills and confidence in their abilities.
- Help Trainees under the importance of time management.
- Assign an adequate number of projects to fill the hours of the workday.
- Provide adequate one-on-one supervision of Trainee activities.
- Assist Trainees in identifying daily and/or weekly work objectives.
- Provide Trainees appropriate feedback on their performance through Bi-weekly Evaluations.
- Monitor the completion of all timesheets on a daily basis.

Above all, recognize that all people want to reach their potential and that all people need recognition for their efforts. You can be a catalyst that will instill a positive change in the youth in your workplace.

## **B.** Tools to Assist with Supervisor Responsibilities

In addition to the forms and documents featured in the previous section, **Expectations and Guidelines for Trainees,** there are several additional forms that will require your attention:

- 1) **Worksite Inspection** a form to use as a brief reminder of several of the essential expectations of Youth Services Provider;
- 2) **Post-Program Evaluation** a way to evaluate the Work Experience program at the conclusion of the program;
- 3) **Orientation Attendance Verification** a form you will sign after participating in the orientation to the Work Experience program.

| Worksite Inspection |  |  |  |  |
|---------------------|--|--|--|--|
| wo<br>eva<br>the    | ensure compliance with the Worksite Agreement and a quorksite, theCase manager and/oraluations of the worksite itself. The items to be reviewed a responsibility of the representative to brimpervisor and to work out a plan for improvement.         | Project Director may conduct periodic are listed below. If deficiencies are found, it is   |  |  |
| 1.                  | All required documents are posted in locations accessible to Trainees:  A. Job Description?  B. Work Experience Agreement?  C. Child Labor Laws?  D. Emergency Contact Information for all Trainees working at this site?                              | <ul> <li>□ Yes □ No</li> <li>□ Yes □ No</li> <li>□ Yes □ No</li> <li>□ Yes □ No</li> </ul> |  |  |
|                     | E. Injury Procedure Incident Report?   | ☐ Yes ☐ No   |  |  |
| 2.                  | Do Trainees know the location of all postings?   | ☐ Yes ☐ No   |  |  |
| 3.                  | Are Trainees signing timesheets daily?   | ☐ Yes ☐ No   |  |  |
| 4.                  | Is adequate supervision given to all Trainees at the worksite? (Max. 2 to 1 ratio)   | ☐ Yes ☐ No   |  |  |
| 5.                  | Do all Trainees and Supervisors know the name ofWorksite Representative?   | ☐ Yes ☐ No   |  |  |
| 6.                  | Is this worksite operating in accordance with all Child Labor Laws, i.e., is this site safe and no under-age Trainees are operating power equipment, machinery, or working with chemicals?  If contractor is in violation of Child Labor Laws, what st | ☐ Yes ☐ No eps are being taken to correct the violations?                                  |  |  |
|                     | Evaluation completed by:  Name and Title   |  |  |  |

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## POST-PROGRAM EVALUATION

## WORKSITE SUPERVISOR / ASSISTANT SUPERVISOR PROGRAM

| Business Nan  | ne  |   |                        |      |       |   |   |
|---|---|---|------------------------|------|-------|---|---|
| Supervisor N  | ame   |   |                        |      |       |   |   |
|   |   |   |                        |      |       |   |   |
| Case Manage   | r   |   |                        |      |       |   |   |
| A rating fo   | or all questions i  | s desired.  |                        |      |       |   |   |
| Rating  | 1   | 2   | 3                      |      | 4     |   |   |
| Scale:  | Fair  | Satisfactory  | Good                   | Exce | llent |   |   |
|   |   | d adequate and useful infor<br>supervisor orientation). | rmation concerning the | 1    | 2     | 3 |   |
|   |   | were consistent with reque                              | ests made.             | 1    | 2     | 3 |   |
|   | 3. Trainees were qualified for positions to which they were referred.         |   |                        | 1    | 2     | 3 |   |
| I. Trainees were adequately prepared for the interview (appropriate dress, motivation, punctuality).                    |   |   |                        | 1    | 2     | 3 |   |
| 5. The overall referral process was satisfactory.   |   |   |                        | 1    | 2     | 3 |   |
| 6. Trainees were adequately prepared to work (i.e., the student orientation prior to the work activity was sufficient). |   |   |                        | 1    | 2     | 3 |   |
| 7   | · · · · · · · · · · · · · · · · · · ·   |   |                        | 1    | 2     | 3 |   |
|   | 8. The work activity was a valuable component in the development of Trainees. |   |                        | 1    | 2     | 3 |   |
|   | 9. Our worksite has recognized the benefits, as a result of this program.     |   |                        | 1    | 2     | 3 |   |
| 10. The o   | verall quality of t   | his year's program.                                     |                        | 1    | 2     | 3 |   |
| Program S   | TRENGTHS:   |   | Program WEAKNESSES     | •    |       |   | _ |
|   |   |   |                        |      |       |   |   |

# WORKFORCE MIDSOUTH, INC. GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

# **ATTENDANCE VERIFICATION FORM WORKSITE SUPERVISOR ORIENTATION** Date As a representative of (Name of organization) I acknowledge that I have received a Supervisor's Orientation to the Work Experience **Program** and I am acquainted with the responsibilities of this position. I have also received a Work Experience Handbook as a reference tool, which outlines the qualifications, expectations, and duties related to this supervisory role. The Handbook also contains the forms necessary for complying with expectations, policies, and procedures. Signature Title

# WORKFORCE MIDSOUTH, INC. GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

# **A**PPENDIX

## $\ \ \, WORKFORCE\ MIDSOUTH, INC.$

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

# **Work Experience Agreement**

| THIS             | S AGR   | REEMENT is entered betweenand:  |
|------------------|---------|---|
| Agei             | ncy Na  | ame:  |
| Agei             | ncy Co  | ontact Name:  |
| Pleas            | se chec | ck:   |
| This             | agreei  | ment is for:  |
| Pleas            | se chec | ck.   |
| Here             | in afte | er referred to as the "provider." I.  |
|                  | Th      | ne Provider Agrees:   |
| A.               | Op      | develop and provide agency worksites designed to provide Workforce Innovation and portunity Act (WIOA) Youth participants referred by with a job-training perience referred to as "Work Experience"   |
|                  | 1.      | The provider shall not disclose the participant's status as a recipient of public WIOA assistance to anyone other than personnel authorized by or provider.   |
|                  | 2.      | The provider shall allow access to these records during normal hours of operation for inspection, review, or audit by personnel duly authorized by, as well as by Workforce Midsouth personnel.   |
| B.               | Serv    | vices to be provided  |
|                  | 1.      | The provider will develop a Training Outline (Attachment I) and provide Work Experience training not to exceed a total of hours. Work Experience must enable participants to obtain the knowledge and skills essential to an adequate level of performance of the job in accordance with the approved Training Outline. |
|                  | 2.      | Progress Reports and Notification – The provider will notify of the status of WIOA Youth participants when one or more of the following situations occur:   |
|                  | a.      | The individual has failed to attend the initial interview or refused a suitable worksite-training program.  |
|                  | b.      | The individual was not accepted for participation in the work experience training.  |
|                  | c.      | The individual has experienced continued absenteeism, sickness, or other problems that may arise.   |
|                  | d.      | The individual terminated the Work Experience and either, secured unsubsidized employment, or is no longer participating in work experience.  |
| $\boldsymbol{C}$ | Ma      | inner of Service Provision  |

## $\ \ \, WORKFORCE\ MIDSOUTH, INC.$

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

| 1. | The Training Outline must be prior approved byNetwork.  | and Workforce Investment  |  |  |  |  |
|----|---|---|--|--|--|--|
| 2. | The provider must provide the necessary instructions, supervision, and equipment necessary to train the work experience participant.  |   |  |  |  |  |
| 3. | The provider will verify the daily attendance of work experience participants and ensure that the Activity Report Timesheet is completed weekly to be submitted to  |   |  |  |  |  |
| 4. | The provider shall allow access to these records during normal hours of operation for inspection, re or audit by personnel duly authorized by, as well as by Workforce Midse personnel.   |   |  |  |  |  |
| 5. | The provider will give advanced notification to the participant to have a T.B. skin test, drug screening, background placement of an individual in Work Experience.   | regarding any requirements of l check, uniforms, etc. prior to the  |  |  |  |  |
| S  | Special Provisions  |   |  |  |  |  |
| 1. | Some work experience participants may present themselves with u asks the provider to use staff as support for dealing with issues priparticipant. The provider shall teach the WIOA Youth participants work in the designated job title.  | or to dismissing the Work Experience  |  |  |  |  |
| 2. | 2. No individual may participate in Work Experience unless officially referred to the provider in accordance with this agreement.   |   |  |  |  |  |
| 3. | The participant(s) under this agreement or any amendment hereto is to be provided with the sa working conditions accorded to other employees present in the Provider's workforce. Worked compensation, but not benefits, will be provided as stated in section II. C.   |   |  |  |  |  |
| 4. | A Work Experience participant shall displace no currently employed displacement such as a reduction in the hours of non-overtime work.  |   |  |  |  |  |
| 5. | No Work Experience participant shall be hired into or remain work substantially equivalent position is vacant due to a hiring freeze or lay-off from the same or substantially equivalent position or when bumped and has recall or bumping rights to that position pursuant collective bargaining agreement. Work Sites will inform employed isplaced. | when any regular employee is on<br>the regular employee has been<br>to the provider's personnel policy or |  |  |  |  |
|    | Agrees:   |   |  |  |  |  |
| A  | shall refer eligible WIOA Youth participant consideration in a Work Experience component for a period no  |   |  |  |  |  |
| В. | shall provide transportation assistance, an as needed by the participant to the extent funds are available, a authorizes the expense.   |   |  |  |  |  |

II.

D.

|        | Cwill provide State Worker's Compensation liability and/or claims coverage for all WIOA Youth Work Experience participants during assigned hours.   |
|--------|---|
| III.   | The Provider andAgree to:   |
| A.     | Effective Date:   |
|        | This agreement shall begin onor the date on which this agreement has been signed by both parties, whichever is later.   |
| B.     | Termination:  |
| 1.     | Termination for convenience   |
|        | <ul><li>a. The provider has the right to terminate the individual trainee's participation from the provider's site if things are not working out after a good faith effort to resolve the problem.</li><li>b. This agreement may be terminated by either party upon no less than thirty (30) days' notice, without cause.</li></ul> |
| C.     | Notice and Contacts:  |
|        | 1. The names and addresses of therepresentatives for this agreement are:  |
|        | Address:  |
|        | Program Name Attn: Project Director Address   |
|        | Contact Name:<br>Email:   |
| 2.     | The name and address of the representative for the Provider responsible for the administration of Work Experience/Community Service under this agreement is:  |
| 3.     | In the event either party designates different representatives after the execution of this agreement, a notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to the originals of this agreement.  |
|        | greement and its attachment are referred to, (Attachment I); contain all the terms and conditions agreed by these parties.  |
|        | TNESS THEREOF, the parties thereto have caused this agreement to be executed by their igned officials as duly authorized.   |
| Agenc  | y Name:   |
| Signat | ture:   |

# WORKFORCE MIDSOUTH, INC. GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

| Print Name:                |   |
|----------------------------|---|
| Job Title:                 |   |
| Date:                      |   |
| (Work Experience Only FIN# | ) |
| WIOA Program               |   |
| Signature:                 |   |
| Print Name:                |   |
| Job Title:                 |   |
| Date:                      |   |

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY, DIRECTOR, OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE.

## GREATER MEMPHIS LOCAL WORKFORCE DEVELOPMENT AREA

## JOB DESCRIPTION

| Provider | Information | (to be com | pleted by | y the | provider) |
|----------|-------------|------------|-----------|-------|-----------|
|          |             |            |           |       |           |

Please check: 

Not for Profit

For Profit

| Work Experience Job Title/ Pos<br>***If the agency has more than one        | lob title/position for customers to |                               | e complete additional    | $\overline{Jo}b$   |  |
|---|-------------------------------------|-------------------------------|--------------------------|--------------------|--|
| description training outlines. One for<br>Number of positions available for | ·                                   |                               |                          |                    |  |
| -   |                                     |                               |                          | Agenc              |  |
| Agency Name:Address:  |                                     |                               |                          |                    |  |
| Phone Number:   |                                     |                               |                          | _ rigency s contac |  |
| Representative who will be signif   |                                     |                               |                          |                    |  |
| Print name  | Signature                           |                               | Job Title                |                    |  |
| If additional staff will be signing,  | please add all names: (Please       | ist all agency staff          | who will sign off on tin | nesheets)          |  |
| Print name  | Print name Signature                |                               | Job Title                |                    |  |
| Print name  | Signature                           | <del>_</del> _                | Job Title                |                    |  |
| Print name  | Signature                           |                               | Job Title                |                    |  |
| This job description/training outli   | ine runs from                       | to                            | (12 n                    | nonths maximum)    |  |
| Days open (please check): Sun   | Mon Tues                            | Weds                          | Thurs Fri_               | Sat                |  |
| Hours open: SunMon_   | Wed_                                | Thurs                         | Fri                      | Sat                |  |
| List the job duties (or attach a job  | description) for the Job Title      | listed above: _               |                          |                    |  |
| Holiday's Observed:   |                                     |                               |                          |                    |  |
| New Year's Day  | President's Day                     | President's Day               |                          | <b>D</b> ay        |  |
| Columbus Day  | Thanksgiving (Fri                   | ☐ Thanksgiving (Friday after) |                          | Day                |  |
| Good Friday   | ☐ Independence Day                  | <b>y</b>                      | Other:                   |                    |  |
| Christmas Eve   | Martin Luther Kir                   | ng, Jr.                       |                          |                    |  |
| Labor Day   | ☐ Veteran's Day                     |                               |                          |                    |  |
| Job Seeker information (to be   | e completed by a Program r          | <u>epresentative)</u>         |                          |                    |  |
| Job Seeker Name:  |                                     | Case #:                       |                          |                    |  |
| Job Seeker start date:  | Seeker start date: Actual end date: |                               |                          |                    |  |

| Signatures:               |       |
|---------------------------|-------|
| Representative Signature: |       |
|                           |       |
| Trainee Signature:        | Date: |