



January 5, 2023

EASTERN CAROLINA LOCAL AREA ISSUANCE NO. 2022-06

SUBJECT: Subsidized Internship/Work Experience for WIOA Title I Participants

PURPOSE: To transmit policy on the use, documentation and tracking of Workforce Innovation and Opportunity Act (WIOA) Title I funds in the provision of Work Experience (WEX) opportunities for Adult, Dislocated Worker and Youth participants. This policy rescinds Eastern Carolina Local Area Issuance No. 2021-05 dated October 18, 2021.

BACKGROUND: According to Federal Register 20 CFR Parts 603, 651, 652, et al. Workforce Innovation and Opportunity Act; Final, Part 680, Subpart A – 680.180 for the purposes of WIOA sec. 134(c)(2)(A)(xii)(VII) and Part 681, Subpart C – 681.600 for the purposes of WIOA sec. 129(c)(2)(C), an internship or work experience is a planned, structured learning experience that takes place in a workplace for a limited period of time. Internships and work experience may be paid or unpaid, as appropriate. A work experience or internship may take place in the private for-profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act or applicable State law, exists.

WIOA Title I Adult/Dislocated Worker participants may participate in an internship or work experience if determined to be appropriate in order for the participant to obtain or retain employment and must be linked to their career goal based upon the participant's interest and aptitude.

The Workforce Innovation and Opportunity Act states that every youth program must provide fourteen essential elements in their program, one of which is the paid work experiences. Work experiences provide the youth participant with opportunities for career exploration and skill development. Each work experience must include academic and occupational education. The educational component may occur concurrently or sequentially with the work experience. The types of work experiences include the following categories: (1) Summer employment opportunities and other employment opportunities available throughout the school year; (2) Pre-apprenticeship programs; (3) Internships and job shadowing; and (4) On-the-job training (OJT) opportunities.

ACTION: All WIOA Title I Service Providers are to comply with the attached WIOA subsidized internship/work experience procedures (Attachment A) for all WIOA Title I participants. All worksite forms (worksite agreement, job description, supervisor orientation, youth progress evaluation, timesheets, and modification form) must be uploaded into NCWorks Online.

EFFECTIVE DATE: Immediately

EXPIRATION DATE: Indefinite

CONTACT: Executive Director

DISTRIBUTION: All WIOA Title I Service Providers

Tammy L. Childers, Executive Director

Attachments: A-Subsidized Internship/Work Experience Procedures, B-Worksite Agreement
C-Job Description/Training Outline, D-Worksite Supervisor Orientation
E-Participant Evaluation, F-Participant Timesheet, G-WEX Agreement Modification, H-Staff Tracking Sheet

1341 South Glenburnie Road • New Bern, NC 28562
(252)636-6901 voice (252)638-3569 fax email:admin@ecwddb.org
An Equal Opportunity/Affirmative Action Employer

Subsidized Internship/Work Experience Procedures

General

All subsidized internship/work experience activities within the Eastern Carolina Local Area (LA) will follow the guidelines as outlined in these procedures.

An internship or work experience is a planned, structured learning experience that takes place in a workplace for a limited period of time. Internships and work experiences may be paid or unpaid, as appropriate. A work experience or internship may take place in the private for-profit sector, the non-profit sector, or the public sector.

All WIOA Title I eligible participants, as appropriate based on identified needs by an objective and comprehensive assessment, including, but not limited to assessments of basic skills, prior work experience, employability, occupational skills, supportive service needs, interest and aptitudes may participate in a subsidized internship/work experience, if it determined that a participant would benefit from this service. Individuals that may be determined to have a need may include but is not limited to those with little to no work experience, individuals with occupational skills training but no work experience in a specific occupation/career, and individuals that need career exploration. All information including assessment information and goals must be included in the Individual Employment Plan/Individual Services Strategy (IEP/ISS).

Subsidized internships/work experiences for WIOA Title I Adult and Dislocated Worker participants must be directly linked to a career goal and based upon the participant's interest and aptitude. These opportunities should allow the participant to learn new transferrable skills and enhance their employability.

The intent of subsidized internships/work experiences is not to benefit the employer, although the employer may, in fact, gain from the activities performed by the participant, and in some cases may result in an employment offer.

In no case should internships/work experiences be used to aid in the filling of a job opening directly or indirectly that is vacant because the former occupant is on strike or is being locked out in the course of a labor dispute, or the filling of which is otherwise an issue in a labor dispute involving a work stoppage.

WIOA Title I Youth programs are required to allocate 35 percent of funds for providing work experience. These work experiences must include an academic and occupational education component. TEGL 21-16 provides information on the academic and occupational education component for youth work experience. The academic and occupational education component refers to contextual learning that accompanies a work experience. It includes the information necessary to understand and work in specific industries and/or occupations. *For example, if a youth is in a work experience in a hospital, the occupational education could be learning about the duties of different types of hospital occupations such as a phlebotomist, radiology tech, or physical therapist. Whereas the academic education could be learning some of the information individuals in those occupations need to know such as why blood type matters, the name of a specific bone in the body, or the function of a specific ligament.* Local programs have the flexibility to determine the appropriate type of academic and occupational education necessary for a specific work experience. The educational component may occur concurrently or sequentially with the work experience. Work experience activities for the WIOA Youth program may include summer employment, pre-apprenticeship, internships, job shadowing, and on-the-job training (OJT). These opportunities should be related to the participant's career pathway and/or interest based on assessment results. TEGL No. 8-15 provides further discussion of allowable expenditures that may be counted toward the work experience expenditure requirement and articulates that program expenditures on the work experience program element can be more than just wages paid to youth in work experience. Allowable work experience expenditures include the following:

- Staff time working to identify and develop a work experience opportunity, including staff time spent working with employers to identify and develop the work experience;
- Staff time working with employers to ensure a successful work experience, including staff time spent managing the work experience;
- Staff time spent evaluating the work experience;
- Participant work experience orientation sessions;
- Employer work experience orientation sessions;
- Classroom training or the required academic education component directly related to the work experience;
- Incentive payments directly tied to the completion of work experience; and
- Employability skills/job readiness training to prepare youth for a work experience.

WIOA Title I Youth Service Providers must use **Attachment H** to track the time they spend on work experience activities that would count toward the required work experience expenditure rate.

All worksite forms (worksite agreement, job description, supervisor orientation, youth evaluation, timesheets, and modifications (if applicable)) must be uploaded into NCWorks Online.

Adult/Dislocated Worker Internship/Work Experience

Adults and Dislocated Workers may participate in planned, structured learning experiences that are linked to careers and take place in a workplace for a limited period of time **not to exceed 320 hours per program year**. The service provider should consider the length of time necessary for the participant to learn the skills identified in the job description/training outline when determining the length of the internship/work experience. Work activities may take place in the public or private for-profit and non-profit sectors. Adult and Dislocated Worker participants enrolled in work experience should be close to completion of training (within 6 months of completion) or may have completed training. For those who have completed training, work experience opportunities must occur within six months of the date training was completed. Participants in work experience should not have had prior work activity in the field/area being assigned and the work experience must be directly linked to their career goal. The internship/work experience must be detailed in the Individual Employment Plan/Individual Service Strategy (IEP/ISS). Participants will not be paid for absences, unworked hours including lunch on or off premises, or recreational activity. All participants that work more than five (5) consecutive hours per day must have a 30-minute meal break. No participant shall work for more than 40 hours per week.

Youth Work Experience

Youth may participate in planned, structured learning experience activities that include academic and occupational education for a limited period of time. **Participants should not work in the same position for more than 520 hours at any one worksite. No participant shall exceed a total of 1040 hours per program year.** The service provider should consider the length of time necessary for the participant to learn the skills identified in the job description/training outline when determining the length of the work experience. The educational component may occur concurrently or sequentially with the work experience. The types of work experiences include the following categories: (1) Summer employment opportunities and other employment opportunities available throughout the school year; (2) Pre-apprenticeship programs; (3) Internships and job shadowing; and (4) On-the-job training (OJT) opportunities. The goal is to promote education while providing the youth needed work experience. Linking the educational component to skills required on-the-job is key to the participant understanding that the more education and skills one has, the higher the wages they will receive or can expect. The work experience must be detailed in the Individual Employment Plan/Individual Service Strategy (IEP/ISS). Participants will not be paid for absences, unworked hours including lunch on or off premises, or recreational activity. All participants that work more than five (5) consecutive hours per day must have a 30-minute meal break. No participant shall work for more than 40 hours per week.

Selecting Worksites

Matching a WIOA Title I participant with the appropriate worksite is critical to a successful job assignment. Based on assessment results and career pathway, participants are placed at worksites that are in line with their area of interest and career pathway. Worksite supervisors should have a clear understanding of the objectives of the internship/work experience job assignment and realistic expectations of the work products and productivity of the WIOA Title I participant. The participant must have sufficient work and adequate supervision, as any other entry-level employee.

Organizations and/or businesses that participate in this activity should be based on an objective analysis of the relative “value-added” contributions an employer is willing to make to the experience for the WIOA Title I participant. This may include structured development/refinement of work readiness skills, provision of on-site educational services, and exposure to enhanced skill training and mentoring. It is strongly discouraged to use Career Centers as worksites due to the potential of conflicts of interest. Placement at a Career Center would only be allowed if there is documentation that this experience will meet the participant’s career goals and skill needs **AND** there is no other placement opportunity available.

Worksites that require participants to work with and/or around children/youth will require that a background check be completed.

Work experience participants shall be removed from worksites that have been determined abusive or have been determined to be in noncompliance with the Worksite Agreement.

Remote or Virtual WEX

Under certain circumstances, such as a pandemic, remote or virtual work experience, including academic and occupational learning activities, may be provided to appropriate participants and worksites. The WEX must be a structured learning experience and provide participants with meaningful work activities. Participants must have the necessary technology and equipment to perform their WEX training successfully. All remote or virtual work experience assignments

must document in detail the work to be performed, supervision, rate of pay and how hours worked are tracked. This information should be detailed in the case notes and documented on the individual employment plan/individual service strategy (IEP/ISS) the same as an in-person work experience would be documented.

Supervisor Orientation

All worksite supervisors should be provided with an orientation so that they have a clear understanding of the WIOA Title I programs and the objectives of the internship/work experience. Service providers will use the supervisor orientation provided as **Attachment D**.

Job Description/Training Outline

All internship/work experience job descriptions/training outlines will be developed jointly with the worksite employer/supervisor and WIOA program staff. The job description/training outline will provide academic/occupational education information, a brief description of the job duties, identify transferrable skills the participant may have through prior work experience and/or life experiences, skills that the participant will learn through the internship/work experience, the wage to be paid, and the days and hours to be worked. A copy of the job description/training outline provided as **Attachment C** will be maintained at the worksite and uploaded into the participant record on NCWorks Online.

Worksite Agreement

All WIOA Title I service providers will use the worksite agreement provided as **Attachment B**. The agreement should be signed by the WIOA Title I staff and the worksite representative. A copy of the worksite agreement will be maintained at the worksite and uploaded into the participant record on NCWorks Online.

Participant Evaluation

All WIOA Title I service providers will use the participant evaluation provided as **Attachment E**. An evaluation should be completed at week 2, then midpoint, and at the conclusion of the internship/work experience. The evaluations should be signed by the participant and the worksite supervisor. A copy of the evaluations will be uploaded into the participant record on NCWorks Online.

Rate of Pay for Paid Internship/Work Experience

WIOA Title I participants should be compensated the prevailing wage of employees with similar training, experience, and skills for a similar occupation, as set by the employer (worksite). However, since work experience/internships are intended as trainee positions, wages should not typically exceed those for entry level employees. The rates may not be lower than the higher of the federal or state minimum wage.

Prevailing entry-level wages for the work experience position shall be determined by the worksite and career advisor, taking into consideration the experience, skills and abilities of the participant and those required for the position. All determinations must be fully documented in NCWorks Online case notes.

****Note*** In many work experience placements, an individual's skill set may not meet the standard occupational classification qualifications for the position. Therefore, this distinction may allow the wages to be set below the prevailing wage standards, rather than what might be acceptable for a placement of an individual that meets the classification requirements.*

Participant Timesheets

All WIOA Title I participants engaged in subsidized work experience must complete the timesheet provided as **Attachment F**. WIOA Title I program staff should type in the following information prior to giving the timesheet to the participant:

- Participant Name
- Participant Job Title
- Pay Period
- Worksite Supervisor Name
- Name of Worksite
- Dates in Pay Period (*make sure that all dates entered are complete (mm/dd/yy), for correct day of the week and match pay period*)

WIOA Title I participants should record the time they arrive for work, leave for, and return from lunch, and leave work for the day. Time should be recorded in 15-minute increments as noted at the top of the timesheet. WIOA Title I participants are to sign their timesheet at the end of each two-week period. It is not acceptable for anyone (WIOA Title I staff or worksite supervisor) to sign for or on behalf of the participant.

Example: If you arrive to work at 5 minutes after 8, you will record that as 8:00. If you arrive at 10 minutes after 8, you will record that as 8:15.

After timesheet is completed and signed by worksite supervisor and participant, the WIOA Title I program staff **MUST** review timesheet for accuracy and sign it.

****NOTE: A miscalculation in the hours that causes the participant to work over 40 hours per week and/or the allowable hours will result in disallowed cost for hours worked over the 40 hours per week and/or allowable hours.***

Worksite Agreement Modification

If it is necessary to make changes to a worksite agreement, WIOA Title I Service Providers along with the worksite supervisor will complete the worksite modification form provided as ***Attachment G***. The modification should be attached to the original worksite agreement at the worksite and uploaded into NCWorks Online.

Worksite Monitoring

All worksites must be willing to allow Board staff, the North Carolina Division of Workforce Solutions and/or US Department of Labor to perform onsite monitoring to ensure compliance with the worksite agreement, as well as, to monitor the progress of the participant. WIOA Title I program staff must also conduct monitoring visits to ensure compliance with the worksite agreement and progress of the participant.

WORKFORCE INNOVATION AND OPPORTUNITY ACT

TITLE I PROGRAMS

WORKSITE AGREEMENT

This Agreement is made between (WIOA Title I service provider name) _____ and (worksite agency name) _____ a ☐ **public** ☐ **non-profit** or ☐ **private for profit business/organization** to provide subsidized internship/work experience to eligible individuals participating in the ☐ Adult ☐ Dislocated Worker ☐ Youth Program, authorized and funded under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Under this Agreement, participants will be provided a short-term work experience, which is valuable and meaningful for both the participants and the organization/worksite.

Work experience job assignments will be consistent with each WIOA Title I participant's capabilities and interests and in an occupational field/specific job in which he/she has minimal or no prior work experience. WIOA Title I funded Work experience job assignments are expected to aid individuals in the development of skills, experience, and work habits necessary to succeed in the workplace, which will assist the participant in obtaining unsubsidized employment in the future.

TERM: This agreement will take effect on (date) _____ and terminate no later than (date) _____.

This Worksite Agreement provides the following assurances:

- 1) There will be sufficient, meaningful work to keep participants fully occupied during working hours;
- 2) Work will be conducted in a safe and sanitary work environment;
- 3) There will be adequate full-time supervision of each participant by qualified supervisors;
- 4) The WIOA Title I Service Provider will obtain Worker's Compensation Insurance to cover all WIOA Title I participants engaged in internship/work experience at a worksite;
- 5) The participating Worksite agency will notify the WIOA Title I Service Provider staff if difficulties arise which the Worksite supervisor and participant are unable to resolve. WIOA Title I Service Provider staff will attempt to find a mutually satisfactory solution and may recommend termination/transfer of the participant if the situation or problem is not resolved;
- 6) There will be adequate oversight and review of each participant's time and attendance;
- 7) There will be sufficient equipment and/or materials provided to carry out assignments;
- 8) This agreement will be maintained at the worksite and available for review by federal, state, Workforce Development Board representatives and program operator monitors;
- 9) All requirements, rules and regulations governing the WIOA Title I programs will be upheld;
- 10) Worksite supervisors will adhere to and be in compliance with current Fair labor Standards;
- 11) The participating Worksite has not relocated this establishment and commenced operations in the past 120 days, where the relocation resulted in the loss of employment at the original location;
- 12) No WIOA Title I 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;
- 13) Equal Employment Opportunity and Nondiscrimination: The Worksite agency 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;
- 14) All activities where youth ages 14-17 are engaged will be in compliance with current child labor laws;
- 15) This agreement will be maintained at the worksite and available for review by federal, state, service delivery agent and program operator monitors.

WORK ACTIVITIES:

A written job description/training outline **must** be attached to this Agreement. The job description/training outline 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}
- (4) A listing of skills to be learned

If the participant's job duties at the worksite change, the worksite agency agrees to notify (service provider name) _____ immediately so that this agreement may be modified.

MONITORING:

It is mutually understood and agreed that the worksite may be monitored by the Workforce Development Board, NC Division of Workforce Solutions and/or the US Department of Labor. The WIOA Title I Service Provider will monitor the worksite based on a planned schedule at least twice during the term of this agreement. The worksite supervisor will maintain current and accurate time and attendance records as well as a list of current worksite activities and will cooperate fully to provide staff with worksite information or records as required in a timely fashion.

SUPERVISION:

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

It is the responsibility of the WIOA Title I Service Provider to orient each worksite supervisor to the WIOA Title I Programs, assure his/her attendance at a supervisor's orientation prior to the placement of participants at the worksite and to provide the supervisor with appropriate written materials necessary to perform his/her duties, including a copy of this Agreement.

TIME ATTENDANCE AND COMPENSATION:

Accurate time and attendance records will be kept by the supervisor on each participant and will reflect the time actually worked by the participant. **PARTICIPANTS WILL NOT BE PAID FOR ABSENCES, UNWORKED HOURS {THIS INCLUDES LUNCH ON OR OFF PREMISES} OR RECREATIONAL ACTIVITY. UNDER NO CIRCUMSTANCES SHOULD ANY PARTICIPANT WORK OVER 40 HOURS IN A WEEK.** Using time sheets provided by the service provider, participants shall record time actually worked. These timesheets should be maintained by the worksite supervisor. Time and attendance records will be signed at the end of week by the participant and supervisor, whose signature will certify its accuracy. No one else will be allowed to sign for a participant.

These records will be picked up every (time sequence)_____ by (service provider) _____ for preparation of the payroll. Participants will be paid at the rate of \$ _____ an hour (Cannot be less than North Carolina or Federal Minimum Wage whichever is greater.). Participants will be paid by check ☐ Weekly ☐ Bi-Weekly ☐ Monthly.

SIGNATURES:

(1) Service Provider Authorized Representative

Service Provider Organization Name/Address

Signature

Name

Address

Address

*(2) Authorized Representative Worksite Agency

(i.e. Executive Director, Manager, Dept. Head, Principal)

Name of Worksite Organization Name/Address

Signature

Name

Address

Address

*(3) Worksite Supervisor(s)

Signature

Signature

****Information to be supplied by Agency Representatives & Supervisors***

WORKFORCE INNOVATION AND OPPORTUNITY ACT TITLE I PROGRAMS JOB DESCRIPTION/TRAINING OUTLINE

IMPORTANT NOTICE: For each job title requested a job description/training outline must be completed. All participants will be trained in the job skills listed below and also provided employment skills training.

Section 1: General Information

Please complete the following:

Participant Name:		Job Title:		Hourly Wage:	\$
Worksite Name:					
Worksite Address:					
Supervisor Name:		Phone #:			
Alt. Supervisor Name: <i>(if applicable)</i>		Phone #:			
Does this position require a background Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
If so, has a background check been completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provided by the Worksite <input type="checkbox"/> Yes, provided by WIOA Service Provider				
Work Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday
<i>(Time/Hours = ex. 9am-5pm/7)</i>					
	Friday	Saturday			
(For this position only – CANNOT WORK OVER 40 HOURS IN A WEEK)					

Section 2: Academic/Occupational Education Information

Is participant enrolled in secondary education <i>(traditional, AHS, GED)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is participant enrolled in occupational skills training <i>(post-secondary education)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If enrolled in occupational skills training, indicate type of training <i>(HVAC, NA, etc.)</i> :	
If participant is enrolled in other academic/occupational education, indicate:	

Section 3: WEX Job Description

--

Section 4: Participant Skills Set/Transferrable Skills/Work History

--

List Assessment Tool(s) used to identify skills to be learned (skills gap)

--

Section 5: Identify Skills to be learned

Job Skills to be Learned	Job Skills to be Learned

List job skills to be learned when work activities require change due to inclement weather for positions that are primarily outdoors.

Job Skills to be Learned	Job Skills to be Learned

Job Description/Training Outline Developed by:

Worksite Representative/Supervisor Signature

WIOA Title I Service Provider Signature

WORKSITE SUPERVISOR ORIENTATION

Below are important topics that will be explained to you prior to placement of participant(s) at worksite.

Worksite: _____

- | | |
|--|---|
| | 1. Purpose |
| | 2. Eligibility requirements |
| | 3. Rights, benefits, and responsibilities of participants |
| | 4. Hours of work (<i>days, weeks, holidays, etc.</i>) |
| | 5. Reporting procedures |
| | 6. Pay procedures |
| | 7. Workmen's Compensation |
| | 8. Nepotism |
| | 9. Hatch Act |
| | 10. No WIOA workers may be used to promote unionization |
| | 11. Child Labor Laws (<i>if applicable</i>) |
| | 12. Youth Employment Certificate/Work Permit (<i>if required</i>) |
| | 13. Sectarian activities not permitted |
| | 14. Equal employment opportunity |
| | 15. Grievance procedure |
| | 16. Termination procedure |
| | 17. Worksite agreement |
| | A. Role of Supervisor |
| | B. Work assignments |
| | C. Monitoring |
| | D. Counseling visits |
| | 18. Handling on the job injuries/accidents |
| | 19. Handling problems at the worksite involving WIOA participants |
| | 20. Completing Participant Progress Evaluation |
| | 21. Eastern Carolina Local Area contact person |
| | 22. Funds may not be utilized to assist employers in relocating business establishments |

I/We the undersigned were provided orientation by the WIOA Program Staff and have had the above subjects reviewed with us. I/We agree to provide adequate supervision to the WIOA participant at all times during their participation at this worksite.

Worksite Supervisor Signature

Date

Worksite Supervisor Signature

Date

WIOA Program Staff Signature

Date

**** The above signatures indicate that the subjects listed above have been reviewed with worksite supervisor.**

WORKFORCE INNOVATION AND OPPORTUNITY ACT PARTICIPANT PROGRESS EVALUATION

Participant: _____
 Job Title: _____
 Worksite: _____

Directions: Please grade the trainee in each area and comment. Review the Progress Report with the trainee. Submit progress evaluation to WIOA Title I Service Provider after the second week, at the mid-point and at the end of the work experience. Please check evaluation submitted:

☐ Second Week ☐ Mid-Point ☐ Final

Grade Scale:

(E)=Exceeds Expectations (S)=Satisfactory (N)=Needs Improvement (NA)=Not Applicable

<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Reports to work daily	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Maintains positive attitude
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Is on time for work	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Maintains interest and enthusiasm
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Calls in if late or absent	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Demonstrates honesty and integrity
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Completes assignments in a timely manner	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Reports to work neat and clean
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Accepts responsibility for assigned duties	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Dresses appropriately
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Uses good time management techniques	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Accepts constructive criticism
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Cooperates with fellow employees	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Follows worksite rules
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Keeps breaks/meals to allotted time	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	Leaves work when scheduled

Using the same grade scale above, grade the trainee's progress in learning and performing the identified job skills below.

Grade	Job Skill To Be Learned	Grade	Job Skill To Be Learned
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	
<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA	

Comments/Observations (*strengths, weaknesses, improvements, etc.*)

Participant Signature _____

Date _____

Supervisor Signature _____

Date _____

WORKFORCE INNOVATION AND OPPORTUNITY ACT PARTICIPANT TIMESHEET

Name: _____ Job Title: _____
 Pay Period From: _____ to _____ Hourly Wage: _____
 Worksite Name: _____ WS Supervisor: _____

Note: Total hours should be recorded in 15-minute increments {15 minutes = .25, 30 minutes = .50, and 45 minutes = .75}.

ALL timesheets should be completed in **INK NOT PENCIL** and **NEVER USE WHITE-OUT!**

WEEK ONE

DAY	Date	Start Time	Meal Break Time		End Time	Total Hours
			Out	In		
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
TOTAL HOURS FOR WEEK #1						

WEEK TWO

DAY	Date	Start Time	Meal Break Time		End Time	Total Hours
			Out	In		
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
TOTAL HOURS FOR WEEK #2						

TOTAL HOURS FOR WEEKS #1 AND #2

I certify that the above entries are an accurate representation of the participant's time worked in this pay period.

Worksite Supervisor Signature

Date

Participant's Signature

Date

I have reviewed this timesheet and certify the hours worked appear reasonable and the entries have been computed correctly.

WIOA Title I Program Staff Signature

Date

Work Experience Worksite Agreement Modification

Worksite Name: _____

WIOA Title I Service Provider Name: _____

Modification Number ☐ 1 ☐ 2 ☐ 3 ☐ 4

Modification for the following Participant:

Name	Job Title	Work Experience Hours Remaining	Hourly Wage

Work Experience Worksite Agreements may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:

- *To extend the end date of the work experience (not to exceed allowable hours per program year)*
- *To correct errors in the original agreement or job description/training outline*

The Worksite Supervisor and the WIOA Title I Service Provider agree that this Worksite Agreement shall be modified as stated:

Except as hereby modified, all other terms and conditions of this worksite agreement remain unchanged and in full force and effect. The effective date of this modification is _____.

The worksite supervisor and WIOA Title I Service Provider mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

By signing below, I agree to adhere to the modification(s) stated above

Worksite Supervisor Signature Title Date

WIOA Title I Service Provider Signature Title Date

Attach modification to original worksite agreement.

Work Based Learning Staff Cost

Service Provider: _____

July 1, 2021-June 30, 2022

*These calculations differ based on provider's
fringe percentage calculations

JULY

Staff Name	July hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

July

\$ -

August

Staff Name	Aug. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

August

\$ -

September

Staff Name	Sept hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

September

\$ -

October

Staff Name	Oct. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

October

\$ -

November

Staff Name	Nov. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

November

\$ -

December

Staff Name	Dec. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

December

\$ -

July-December Grand Total	\$ -
---------------------------	------

January

Staff Name	Jan. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

January

\$ -

February

Staff Name	Feb. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

February

\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

March

Staff Name	Mar. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

March

\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

April

Staff Name	Apr. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

April

\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

May

Staff Name	May. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

May

\$ -

June

Staff Name	June. hours	Cost/Hour	Total Salary Cost	FICA	Retirement	Medical Insurance	YTD Total
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -

Grand Monthly Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------	---	------	------	------	------	------	------

June

\$ -

January-June Grand Total	\$ -
--------------------------	------

Yearly Total \$ -