

Oklahoma Employment Security Commission



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OKLAHOMA EMPLOYMENT AND TRAINING ISSUANCE # 9-2003

TO: WIA Grant Recipients

FROM: Terry Watson

DATE: 5/14/2003

SUBJECT: WIA Worksite Agreement (rescinds OETI #5-2003)

PURPOSE: To disseminate the WIA Worksite Agreement which goes into effect immediately. The worksite agreement and attachments are to be utilized by WIA grant recipients for Adult, Dislocated Worker, and Youth work experience programs.

MESSAGE: The WIA Worksite Agreement instructions list the minimum-required elements for the Worksite Agreement and for the WIA Time and Attendance Record. The attached example forms of Worksite Agreement, Participant Work Schedule, and Time and Attendance Record may be used for reporting purposes. You may also develop your own forms, however, all forms must contain the required elements.

ACTION: This Worksite Agreement and instructions are to become a part of your permanent records. Please make this issuance available to all appropriate personnel.

INQUIRES: If you have any questions, please contact Tami Decker at 405/962-7595.

Attachments

WIA WORKSITE AGREEMENT

The WIA worksite Agreement is designed to establish certain assurances and conditions that must be agreed upon between the WIA grant recipient / Service provider and the work experience worksite. This worksite agreement and Attachments are example forms; each WIA grant recipient can develop their own forms as long as they contain the minimum required elements. OESC considers the worksite agreement to be a contract, so each worksite agreement established must be numbered. The WIA grant recipients can develop their own numbering system, as long as each worksite agreement is numbered. A worksite agreement must be established for Adult, Dislocated and Youth work experience programs.

Worksite Information

The WIA grant recipient / WIA service provider will input information in this section as pertains to the work experience worksite. The WIA grant recipient / WIA service provider must type or print the proper name of the worksite employer or agency, their address (including physical street and city), and telephone number. This section also requires the name and title of one front-line worksite supervisor and one alternate supervisor. The WIA grant recipient / WIA service provider must specify the agreement start and end date, hourly rate of pay, and the name of the trainee. If more than one trainee will be working under the same Worksite agreement, provide the # of trainees on the worksite agreement and include their names, social security numbers on a separate sheet. If the job title and job task are not the same for each trainee, you will need to also list that information for each trainee.

The WIA grant recipient / WIA service provider must also indicate type of WIA program, i.e., Adult, Dislocated Worker, or Youth. Orientation must be provided to the front-line worksite supervisor before the start date of this agreement, thus allowing this Agreement to serve as documentation to verify that the required orientation was provided.

The minimum elements required in the Worksite Information section of the Worksite Agreement.

1. Worksite Employer / Agency
2. Worksite Physical address
3. Worksite Telephone Number
4. Supervisor's Name and Title
5. Alternate Supervisor's Name & Title
6. WIA Program
7. Agreement Start Date
8. Estimated End Date
9. Hourly rate of pay for Trainee
10. Trainee's name or # of Trainees

Job Information

The trainee's job title and job tasks must be entered in this section of the form. It is the responsibility of the WIA grant recipient / WIA service provider to ensure that the job title and task reflect those, which will actually be performed by the trainee. The WIA trainee's time sheet shall be included with the Worksite Agreement as an attachment at the time of their assignment to that worksite.

The minimum elements required in the Job Information section of the Worksite Agreement.

11. Job Title
12. Job Task

Certifications

The Certifications section must be dated and signed by a WIA grant recipient / WIA service provider, by the worksite supervisor, and the named alternate supervisor. It is the WIA grant recipient's / WIA service provider's responsibility to ensure that the signatures read the same as the names, which were printed or typed in the Worksite Information section of the form. For example, the Supervisor named in the Worksite Information section must sign as "Worksite Supervisor", not an "Alternate Supervisor". Also, if a name is typed or printed as "Barbara Ann Long" then the signature must be the same and not "Bobbi Long". It is also the WIA grant recipient's responsibility to ensure that each signatory enter a date in the space provided.

The minimum elements required in the Certification section of the Worksite Agreement.

13. Signature of WIA Representative and date
14. Signature of Worksite Supervisor and date
15. Signature of Alternate Supervisor and date

Modifications

Under certain circumstances it may become necessary to update or revise the Worksite Agreement. The WIA grant recipient cannot make corrections or revisions to the Worksite Agreement --- however, a Modified Worksite Agreement may be completed. When doing so, the WIA Representative must type or write, "MODIFIED" on the modified Worksite Agreement.

A copy of the Worksite Agreement or any modification must be given to the Worksite and the original Worksite Agreement and the original of any modification must be kept in the WIA grant recipient's / WIA service provider's office.

The signature of the WIA Representative is the only signature required on a Modified Worksite Agreement.

Assurance and Conditions

The second page contains the Worksite Agreement's Assurances and Conditions. By signing the front page of the Worksite Agreement, the WIA grant recipient / WIA service provider and the Worksite employer or agency is agreeing to all of these assurances and conditions. Any other agreements that may be a condition of this Worksite Agreement should be listed at the bottom of the Agreement's Assurances and Conditions form.

WIA Time and Attendance Record

The Trainee's name, Trainee's social security number, Employer's name, WIA program, and pay period must be typed or printed on the Time and Attendance Record.

The trainee's number of hours worked each week cannot exceed 40 hours. This section of the form must be completed in ink and does not allow for the use of liquid paper or "white out". A supervisor and the trainee must initial any changes made to this section. As described in the assurances, the trainee shall not be paid for holidays or absences. The WIA grant recipient / WIA service provider or supervisor must enter the day and month, actual date and the number of hours worked that date. If it is a date not applicable, enter "N/A" in that space. If the trainee was absent, enter "E" for excused or "U" for unexcused. Enter an "H" for holidays. This information is critical to ensuring job retention of the trainee.

The trainee and the supervisor must sign and date the bottom of this form for certification. A WIA Representative must also sign and date this form upon receipt certifying acceptance of the information as true and correct.

The minimum elements required on the Time Sheet.

1. Trainee's name
2. Trainee's social security number
3. Employer / Agency name
4. Pay Period beginning and ending date
5. WIA Work Experience program
6. Date and Days of the workweek
7. Hours worked
8. Trainee's Signature and date
9. Worksite Supervisor's signature and date
10. WIA Representative's signature and date

A worksite supervisor must also complete an evaluation on each trainee. This information will assist the WIA representative in determining worksite appropriateness, and the trainee's job retention, skills and abilities. This information can be included on the time sheet or on a separate form.

Workforce Investment Act Programs Worksite Agreement

Number: _____

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

Worksite Information

(print or type)

Worksite Employer/Agency:	Telephone Number:
Worksite Address:	Supervisor Name & Title:
Agreement Start date:	Alternate Supervisor Name & Title:
Estimated End Date:	Alternate Supervisor Name & Title:
Hourly rate of pay for Trainee:	Alternate Supervisor Name & Title:
Trainee's name or # of Trainees:	WIA Program: Adult DLW Youth

Job Information

Job Title: _____

Job Tasks: _____

Certifications

We have read the worksite agreement and agree to abide by all applicable assurances and conditions.

Date: ____/____/____ Signature of WIA Representative: _____

Date: ____/____/____ Signature of Worksite Supervisor: _____

Date: ____/____/____ Signature of Alternate Supervisor: _____

Date: ____/____/____ Signature of Alternate Supervisor: _____

ASSURANCES AND CONDITIONS

1. The WIA grant recipient / WIA service provider shall provide orientation to each site supervisor covering the program requirements prior to the trainee referral or the actual trainee beginning work at the site.
2. The worksite shall provide job orientation to all WIA trainees as related to work policies, job safety, and job expectations. The work policies and job expectations for WIA trainees must be the same as for non-WIA workers at the site.
3. The worksite supervisor for each trainee shall conduct evaluations of the WIA trainee. The frequency of this evaluation is to be determined by the WIA grant recipient.
4. The WIA grant recipient / WIA service provider shall pay a wage to the temporary trainee. The wage to be paid will be the current minimum wage (or no greater than a starting wage that would be paid by the employer) at the time of payment. This is a training position for which the intent is to provide work experience and exposure to the world of work. Each worksite supervisor shall maintain an accurate record of time and attendance of each trainee to be recorded on the Time and Attendance Record. The Time and Attendance reports will be signed by both the WIA trainee and the worksite supervisor, and will be submitted according to the local WIA policy.
5. The worksite shall provide sufficient work to occupy the trainee's work hours and shall provide sufficient equipment and/or materials to enable the trainee to carry out the work assignments.
6. WIA trainees will be paid only for actual hours worked. This is a temporary; training position therefore no pay will be given for holidays. Overtime work is not allowed.
7. WIA trainees are covered under the Worker's Compensation policy of the local WIA grant recipient / WIA service provider. On the job injury reports will be completed by the trainee, supervisor, and authorized worksite official and submitted to the WIA grant recipient / WIA service provider. All job injuries must be reported immediately in order that medical claims can be processed for worker's compensation.
8. Counselors shall provide counseling to those trainees who may be experiencing unsatisfactory performance. The worksite shall notify the WIA grant recipient / WIA service provider prior to termination of any trainee.
9. The worksite shall assure that all work is conducted in a safe and sanitary drug free environment and shall assure that all WIA trainees are supervised on a full-time basis by a qualified supervisor.
10. The WIA grant recipient / WIA service provider and worksite shall adhere to all applicable Federal, State, and local child labor laws and the Workforce Investment Act regulations.
11. The WIA grant recipient / WIA service provider shall inform the WIA trainee of grievance procedures, nepotism rules, equal pay, and non-discrimination assurances. The worksite shall not, in any manner or for any reason, discriminate against any WIA trainee.
12. The worksite shall, upon request of the WIA grant recipient / WIA serviced provider, release the trainee for attendance at labor market orientations, career orientations, job readiness training, or other WIA activities.
13. The worksite assures that any WIA trainee will not displace currently employed workers.
14. This agreement will either be modified or replaced if conditions change.
15. If the worksite is negligent in responsibilities agreed to in this document, the site:
 - (a) May not be used at a future date, and
 - (b) Is financially responsible for costs deemed illegal by auditors or monitors.

Other Agreements

Participant(s) Worksite Schedule

 (Name of Worksite)

1	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
2	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
3	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
4	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
5	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
6	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
7	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
8	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
9	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____
10	Trainee: _____ SSN: _____ Job Title / Job Task: _____						
	Monday ____-____	Tuesday ____-____	Wednesday ____-____	Thursday ____-____	Friday ____-____	Saturday ____-____	Sunday ____-____

WIA TIME AND ATTENDANCE RECORD

Please Print in Ink or Type ~ DO NOT USE WHITE OUT

Trainee Name: _____ SS#: _____

Employer / Agency: _____

Pay Period: _____ to _____ Adult [] DLW [] OY [] YY [] In-school [] Out-of-school []

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours	
Date									
Hours Worked									
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Date									
Hours Worked									
E = Excused U = Unexcused H = Holiday (Note for all absences)			ENTER TOTAL HOURS WORKED						

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

1 = EXCELLENT 2 = GOOD 3 = SATISFACTORY 4 = UNSATISFACTORY

Cooperative	1 2 3 4	Attendance	1 2 3 4	Follows Directions	1 2 3 4
Punctuality	1 2 3 4	Responsible	1 2 3 4	Integrity	1 2 3 4
Initiative	1 2 3 4	Productivity	1 2 3 4	Skill Progress	1 2 3 4
Work Quality	1 2 3 4	Appearance	1 2 3 4	Conduct/Attitude	1 2 3 4

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

Trainee's Signature

Worksite Supervisor's Signature

WIA Representative

Worksite Supervisor's Telephone Number