

# Oklahoma Employment Security Commission



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## Oklahoma Employment and Training Issuance #05-2010 Interim Final State Policy

**TO:** Local Workforce Investment Boards

**FROM:** Richard J. Gilbertson, Director  
Workforce Integrated Programs Division

**DATE:** May 5, 2010

**SUBJECT:** WIA Worksite Agreement

**PURPOSE:** To amend policy and procedures concerning WIA Worksite Agreements and to provide a standardized three part Worksite Agreement containing (1) the WIA Worksite Terms and Conditions, (2) the WIA Trainee Work Plan, and (3) the WIA Trainee Time Sheet (or a worksite time report if applicable) as received. The standardized Worksite Agreement is to be utilized for Adult, Dislocated Worker, and Youth work experience programs.

**MESSAGE:** The WIA Worksite Terms and Conditions and the WIA Trainee Work Plan contained in this policy are required for use by all local areas and these forms may not be modified. The WIA Trainee Time Sheet is required and may not be modified; however local areas have the option to substitute a worksite time report provided by the worksite if it meets all the criteria listed in this policy. Local areas are not required to bring worksite agreements created under OETI 13-2009 into compliance with this policy. Modifications may be made to existing worksite agreements as necessary. However, local areas are prohibited from adding additional Trainees to agreements created under OETI 13-2009. At the point that additional Trainees need to be added to an existing Worksite, local areas must create a new agreement according to the procedures in this policy.

**ACTION:** Distribute to appropriate staff and implement standard three part Worksite Agreement effective immediately. Local Workforce Investment Boards (LWIBs) are to use this OETI in developing their local worksite agreement policies. Local worksite agreement policies must be completed, subject to Board approval, prior to the creation of any new worksite agreement or no later than June 1, 2010.

**RESCISSIONS:** This policy rescinds OETI 13-2009.

**REQUIRED FORMS:**

- Form 05-2010/01 – WIA Worksite Terms and Conditions

- Form 05-2010/02 – WIA Trainee Work Plan
- Form 05-2010/03 – WIA Trainee Time Sheet

**ATTACHMENTS:**

- Attachment A – WIA Work Experience Trainee Evaluation
- Attachment B – Worksite Orientation Acknowledgement of Receipt
- Attachment C – WIA Work Experience Incident Report

**INQUIRIES:** If you have any questions pertaining to this issuance, please contact Kim Braddy at (405) 557-5394, [kim.braddy@oesc.state.ok.us](mailto:kim.braddy@oesc.state.ok.us), or Tami Decker at (405) 962-7595, [tdecker@oesc.state.ok.us](mailto:tdecker@oesc.state.ok.us).

## **WIA Worksite Agreement Policy**

The WIA Worksite Agreement is designed to establish certain assurances and conditions that must be agreed upon between the WIA Grantee and/or Service Provider and the work experience Worksite.

The WIA Worksite Agreement is a three part Agreement containing:

### **1) The WIA Worksite Terms and Conditions**

Each WIA Worksite Agreement must be numbered. The WIA Grantee and/or Service Provider must develop a written policy and procedure for the numbering system that will be utilized. When there are multiple WIA Service Providers in a local area, LWIBs must ensure that the numbering system is developed in a manner that does not allow for duplication of numbers.

Example: LA-S/P-001-09 (Local Area, Service Provider, First Agreement, Program Year 2009)

*NOTE: Local areas are not required to follow this example for their numbering system.*

By signing the WIA Worksite Terms and Conditions, the Worksite and the WIA Grantee and/or Service Provider agree to uphold the conditions listed in the document. The Worksite Representative must be someone authorized to enter into contracts on the Worksite's behalf.

#### *Eligibility for Employment and Labor Laws:*

The WIA Grantee and/or Service Provider and the Worksite must adhere to current workplace safety guidelines and applicable federal/state wage laws. For information and resources on safety and child labor laws, consult <http://www.youthrules.dol.gov/about.htm> and <http://www.osha.gov/teens>. For information regarding the Fair Labor Standards Act (FLSA), consult <http://www.dol.gov/esa/whd/flsa/>. Provisions for wages under the amendments to the FLSA apply to all participants employed under WIA. If you have questions regarding wages or labor statutes, contact the Oklahoma Department of Labor Wage and Hour division by calling 1-888-269-5353 or visiting their website at [http://www.ok.gov/odol/Wage\\_and\\_Hour/index.html](http://www.ok.gov/odol/Wage_and_Hour/index.html).

NOTE: Per the Oklahoma Child Labor statutes pertaining to minors under the age of 16, the WIA Grantee and/or Service Provider must keep a list of Trainees available for review at any time containing the following information:

- Trainee name and age,
- Worksite where the Trainee is placed,
- The time of opening and closing of the establishment,
- The hours of commencing and stopping work, and
- The time allowed for meals and/or breaks.

A copy of the corresponding employment certificate/work permit for each individual must be attached to this list of Trainees.

In addition, all provisions for employment eligibility verification must be followed. The **Form I-9, Employment Eligibility Verification** must be filled out according to instructions with all appropriate documentation on file. To access the form and instructions, consult <http://www.uscis.gov/files/form/i-9.pdf>.

*Orientation:*

Once the WIA Worksite Terms and Conditions has been signed, orientation will be provided to the Worksite supervisor(s) prior to the first Trainee placement at the Worksite. The Worksite Supervisor(s) must sign an acknowledgement of receipt that orientation has been given and this must be attached to the WIA Worksite Terms and Conditions. A copy of the orientation packet must be given to the Worksite. For your convenience, Attachment B, Worksite Orientation Acknowledgement of Receipt, has been included with this policy as an example, but local areas may develop their own form.

The WIA Grantee and/or Service Provider may choose to cover a variety of topics in the Worksite Orientation packet but the following topics must be included:

1. Role/duties of Worksite Supervisor,
2. Safety,
3. Accidents, On-the-Job Injuries, and Incident Reporting,
4. Sexual Harassment,
5. Discrimination,
6. Prohibited Activities,
7. Child Labor Laws,
8. Attendance and Timesheets,
9. Pay and Wage Information,
10. Termination,
11. Trainee Evaluations, and
12. Trainee Orientation at Worksite.

*Incident Reporting:*

The WIA Grantee and/or Service provider must require the Worksite Supervisor to document all incidents occurring at the Worksite that involve Trainees. An incident may include but is not limited to:

- Trainee involvement in fighting;
- Trainee leaving the Worksite without permission or notice;
- Any inappropriate behavior by a Trainee towards the Worksite Supervisor or Worksite staff, such as the usage of profanity, threats or assault;
- Drug use by the Trainee at the Worksite;
- Property theft or damage by a Trainee;
- Suspected incidents of abuse – including physical, sexual, emotional or verbal abuse, or any other mistreatment of a Trainee at the Worksite; or
- Accidents involving the Trainee that occur at the Worksite, even if no injuries were sustained.

LWIBs must describe in the Worksite Orientation packet the procedure for the Worksite Supervisor to follow in reporting incidents that occur at the Worksite. For your convenience, Attachment C, WIA Work Experience Incident Report, has been included in this policy as an optional tool that LWIBs may use for incident reporting.

*Modifications:*

Section 8 (page 4) of the WIA Worksite Terms and Conditions is only required to be attached if a modification is made to the WIA Worksite Terms and Conditions. Modifications may only be made to the WIA Worksite Terms and Conditions in the event that either the Worksite Representative or the WIA Grantee and/or Service Provider Representative change. The appropriate section on page 4 of the WIA

Worksite Terms and Conditions must be completed and new signatures acquired within 30 calendar days. Modifications do not require a new agreement number. The date of the modification must be noted in the appropriate field at the top of page 1 of the WIA Worksite Terms and Conditions. The WIA Worksite Terms and Conditions may only be modified two times and if additional changes need to be made after the second modification, the Worksite and WIA Grantee and/or Service Provider must enter into a new WIA Worksite Agreement.

*Monitoring:*

It is understood that the Worksite may be monitored by the WIA Grantee and/or Service Provider, the Local Workforce Investment Board, and any State or Federal Agencies administering funds under the Workforce Investment Act of 1998.

*Required File Documentation:*

This agreement includes (1) the WIA Worksite Terms and Conditions, (2) the WIA Trainee Work Plan, and (3) the WIA Trainee Time Sheet (or worksite time report) as received. LWIBs must describe in local policy the system for maintaining originals and copies of the WIA Worksite Agreement.

**2) The WIA Trainee Work Plan**

The WIA Trainee Work Plan must be completed for each Trainee placed at a Worksite. The Trainee Work Plan requires signatures from the Trainee, the Worksite Supervisor, and the WIA Representative. These signatures ensure that all parties are aware of the conditions of the work plan such as duties and responsibilities, schedule, job title, training start or end dates, etc. A copy of the WIA Trainee Work Plan must be attached to the corresponding WIA Worksite Terms and Conditions. In addition, a copy of the Trainee Work Plan must be placed in the participant's paper case file.

Schedules listed on the WIA Trainee Work Plan should reflect the participant's general days and times at the Worksite Location. If the participant's schedule permanently changes from what is listed on the WIA Trainee Work Plan, the WIA Authorized Representative must complete the appropriate modification field on the WIA Trainee Work Plan and sign the modification to attest that both the Trainee and the Worksite Supervisor were consulted in the development of the modification.

The WIA Trainee Work Plan must indicate the Trainee's physical Work Location. The Work Location indicates where the Trainee will be working and may be different from the Worksite Address. For work experience activities involving multiple Work Locations, such as in a construction site rotation or a hospital rotation, a list of all planned Work Locations must be attached to the Trainee Work Plan.

Start and end dates listed on the WIA Trainee Work Plan are estimates and actual start and end dates based on participant time sheets must be reflected in the Service and Training Plan in OSL. The Maximum Hours field listed under the "General Training Information" is optional and is intended for use by local areas that set a limit on the total hours a participant can spend in a work experience.

*Modifications:*

Under certain circumstances, it may become necessary to update or modify the WIA Trainee Work Plan. There are two categories under which a Trainee Work Plan may be modified:

Changing Worksites

If the proposed modification to a Trainee Work Plan involves changing Worksites, then a NEW Work Plan must be completed and signed by all parties indicating the corresponding WIA

Worksite Agreement Number. Remember, a copy of the new Work Plan must be attached to the corresponding WIA Worksite Terms and Conditions.

#### Other

If a Trainee Work Plan is being modified for any other reason, such as a change in duties and responsibilities, days/hours of operation of Worksite, job title, etc., complete the modification section of the WIA Trainee Work Plan and include the following information:

- Date
- Reason
- Modification

The WIA Authorized Representative must sign the modification, acknowledging that both the Worksite Supervisor and the Trainee participated in its development.

### **3) The WIA Trainee Time Sheet**

#### *Time, Attendance, and Compensation:*

Accurate time and attendance records will be kept by the Worksite supervisor on each Trainee. The WIA Grantee and/or Service Provider must complete the Trainee Information and Pay Period sections of the WIA Trainee Time Sheet. Trainees will be paid only for actual hours worked. No pay will be given for lunch breaks, holidays, or absences. Under no circumstances should any Trainee work more than 40 hours in one week. Time and attendance may be recorded on time sheets provided in this policy or by the Worksite's method such as a punch time clock, computer check-in, or badge scanning system (referred to as a Worksite Time Report). If the Worksite Time Report is utilized, the WIA Grantee and/or Service Provider must secure a copy of the report containing the following information at the end of each pay period:

- Worksite Name,
- Worksite Address and Telephone,
- Trainee Name,
- Time In, Time Out & Total Hours Worked per Pay Period,
- Record of lunch break/rest periods 30 minutes or longer (if the Trainees are minors under the age of 16, then the time report must contain all break/rest periods regardless of duration), and
- Worksite Supervisor signature, Trainee signature and Date.

Time and attendance records will be signed at the end of the pay period by the Trainee and the Worksite Supervisor, whose signatures will certify accuracy.

#### *Errors on the WIA Trainee Time Sheet:*

In certain circumstances it might be necessary to make changes to the WIA Trainee Time Sheet. There are two main categories of errors that can be associated with the WIA Trainee Time Sheet.

#### Errors in Recording Time Worked

Corrections made to timesheets regarding this type of error must be initialed by both the Worksite supervisor and the Trainee.

#### Other Errors

Corrections made regarding other errors, such as incorrect calculation of hours worked, must be initialed by the party responsible for payment. If a correction is made, the party responsible for payment must notify the Service Provider so that the Trainee can be informed of the correction. The case manager must document in case notes in OSL that the Trainee has been notified of the correction.

*Trainee Evaluations:*

The Worksite supervisor must schedule evaluations at least three times throughout the duration of the Trainee's work experience. Local areas may choose to require worksites to complete additional evaluations for the purpose of monitoring Trainee performance. If such additional evaluations are requested of the Worksite, it is the WIA Grantee and/or Service Provider's responsibility to notify the Worksite Supervisor during the Worksite Orientation. For your convenience, Attachment A, WIA Work Experience Trainee Evaluation, has been provided as a sample. The WIA Grantee and/or Service Provider may utilize Attachment A or create their own evaluation.

WIA Worksite Agreement Number: \_\_\_\_\_

Modified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Modified: \_\_\_\_/\_\_\_\_/\_\_\_\_

### WIA Worksite Terms and Conditions

This Agreement is to provide employment and training services to eligible youth or adults (referred to as Trainees) participating in a work experience authorized and funded under the Workforce Investment Act (WIA) of 1998. Under this Agreement, Trainees will be provided work experience, which is valuable and meaningful for both Trainees and the Worksite. Work experience will be consistent with each Trainee’s capabilities and interests, and consistent with the Trainee’s Individual Service Strategy or Individual Employment Plan. Work experience will also aid in the development of skills and work habits, which will assist the Trainee in obtaining unsubsidized employment in the future.

#### SECTION 1. Parties to the Agreement:

Worksite		WIA Grantee and/or Service Provider	
Worksite:		Grantee and/or Service Provider:	
Address:		Address:	
Representative:		Representative:	
Title:		Title:	
Telephone:		Telephone:	
Term of Agreement			
Start Date:		End Date:	

#### SECTION 2. Responsibilities:

##### Worksite Responsibilities

The Worksite agrees to uphold the following responsibilities:

1. Will provide meaningful, sufficient, well-planned activities designed to promote the development of positive work habits and specific skills required for obtaining future unsubsidized employment.
2. Will provide a safe, sanitary, and drug free environment.
3. Will provide adequate, full-time supervision by qualified supervisors.
4. Will accurately account for Trainees time and attendance.
5. Will provide sufficient equipment and/or materials to enable the Trainee to carry out work assignments.
6. Will provide job orientation to all WIA Trainees 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.
7. Will conduct evaluations at least three (3) times throughout the duration of the Trainee’s work experience as directed by the WIA Grantee and/or Service Provider and will notify the WIA Grantee and/or Service Provider of any unsatisfactory performance levels.
8. The Worksite Supervisor will report any incidents involving the Trainee to the WIA Grantee and/or Service Provider as directed by the WIA Grantee and/or Service Provider during Worksite orientation.
9. The Trainee, Supervisor, and authorized Worksite official will complete any necessary on-the-job injury reports and submit to the local WIA Grantee and/or Service Provider in a timely manner so that medical claims can be processed for worker’s compensation.

10. Will not discriminate in any manner or for any reason against any WIA Trainee.
11. Will ensure that all activities are in compliance with current Fair Labor Standards and State of Oklahoma Child Labor Laws.  
NOTE: A minor under the age of 16 years must be permitted a one (1) hour cumulative rest period for eight (8) consecutive hours worked or a 30 minute cumulative rest period for five (5) consecutive hours worked (40 O.S § 75). Rest periods of short duration, running from 5 to about 20 minutes must be counted as hours worked (29 CFR 785.18) while longer breaks are to be counted as hours worked at the discretion of the employer.
12. No Trainee will displace current employees, result in the reduction of work hours for current employees, or be placed in position where any other individual is on layoff from the same or any substantially equivalent position.
13. No Trainee shall participate in activities that assist, promote, or deter union organizing.
14. No Trainee shall participate in any sectarian activity pertaining to religious or political doctrines, sects, denominations, or practices.
15. All rules and regulations governing the WIA program will be upheld.

### **WIA Grantee and/or Service Provider Responsibilities**

The WIA Grantee and/or Service Provider agrees to uphold the following responsibilities:

1. Will provide each Worksite supervisor with an orientation to the WIA Program prior to any Trainee being placed on the Worksite; and provide the following written materials:
  - A Worksite Orientation Packet,
  - A copy of the WIA Worksite Terms and Conditions, and
  - A copy of the WIA Trainee Work Plan.
2. Will maintain a list of minors under the age of 16 placed at the Worksite available for review at any time with the following information:
  - Trainee name and age,
  - Worksite where the Trainee is placed,
  - The time of opening and closing of the establishment,
  - The hours of commencing and stopping work, and
  - The time allowed for meals and/or breaks.

A copy of the corresponding employment certificate/work permit for each individual must be attached to this list of Trainees.
3. Will inform the Trainee of grievance procedures, nepotism rules, equal pay, and non-discrimination assurances.
4. The Trainee will be covered under the Worker's Compensation policy of the local WIA Grantee and/or Service Provider.
5. Will pay a wage to the Trainee as determined by the local board policy not less than current minimum wage and not to exceed a starting wage paid by the Worksite for the position in which the Trainee is placed.
6. Will provide guidance and counseling to Trainees experiencing unsatisfactory performance.

### **SECTION 3. Time, Attendance, and Compensation:**

Accurate time and attendance records will be kept by the Worksite supervisor on each Trainee. Trainees will be paid only for actual hours worked, and no pay will be given for hours not worked, including lunch breaks, holidays or other absences. Under no circumstances should any Trainee work overtime. If Trainees work on a recognized state or federal holiday, the Trainees will be paid their regular hourly wage. Time and attendance may be recorded on time sheets provided by the WIA Grantee and/or Service Provider or by the Worksite's method such as a punch time clock, computer check-in, or badge scanning system (referred to as the worksite time report). If the worksite time report is

utilized, a record must be given to the WIA Grantee and/or Service Provider at the end of each pay period and must contain the following information:

- Worksite Name,
- Worksite Address and Telephone,
- Trainee Name,
- Time In, Time Out & Total Hours Worked per Pay Period,
- Record of lunch break/rest periods 30 minutes or longer (breaks of short duration must be counted as hours worked and do not need to be recorded), and
- Worksite Supervisor signature, Trainee signature, and Date.

Time and attendance records will be signed at the end of the pay period by the Trainee and the supervisor, whose signatures will certify accuracy.

Upon request of the WIA Grantee and/or Service Provider the Worksite will release the Trainee for attendance at labor market orientations, career orientations, job readiness training, or other WIA activities.

**SECTION 4. Amendments:**

Section 8 (page 4) of the WIA Worksite Terms and Conditions is only required to be attached if a modification is made to the WIA Worksite Terms and Conditions. Modifications may only be made to the WIA Worksite Terms and Conditions in the event that either the Worksite Representative or the WIA Grantee and/or Service Provider Representative change. The appropriate section on page 4 of the WIA Worksite Terms and Conditions must be completed and new signatures acquired within 30 calendar days. Modifications do not require a new agreement number. The date of the modification must be noted in the appropriate field at the top of page 1 of the WIA Worksite Terms and Conditions. The WIA Worksite Terms and Conditions may only be modified two times and if additional changes need to be made after the second modification, the Worksite and WIA Grantee and/or Service Provider must enter into a new WIA Worksite Agreement.

**SECTION 5. Monitoring:**

It is understood that the Worksite may be monitored by the WIA Grantee and/or Service Provider, the Local Workforce Investment Board, and any State or Federal Agencies administering funds under the Workforce Investment Act of 1998.

**SECTION 6. Termination of Agreement:**

This agreement may be terminated for violation of any clause, the Workforce Investment Act, or Local, State or Federal law. It may also be terminated upon two week written notice from either party.

**SECTION 7. Certification and Approval:**

The signatures below constitute understanding and agreement of the terms set forth in this document. If the Worksite is negligent in responsibilities agreed to in this document, the Worksite:

- May not be used at a future date, and
- Is financially responsible for costs deemed illegal by auditors or monitors.

\_\_\_\_\_  
Worksite Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
WIA Grantee and/or Service Provider Representative

\_\_\_\_\_  
Date

“Equal Opportunity Employer (EOE)/Program”  
“Auxiliary aids and services are available upon request to individuals with disabilities”

**SECTION 8. Modifications:**

Modification 1      Date: \_\_\_\_\_

Worksite		WIA Grantee and/or Service Provider	
Worksite:		Grantee and/or Service Provider:	
Address:		Address:	
Representative:		Representative:	
Title:		Title:	
Telephone:		Telephone:	
Term of Agreement			
Start Date:		End Date:	

\_\_\_\_\_ Date

Worksite Representative

\_\_\_\_\_ Date

WIA Grantee and/or Service Provider Representative

Modification 2      Date: \_\_\_\_\_

Worksite		WIA Grantee and/or Service Provider	
Worksite:		Grantee and/or Service Provider:	
Address:		Address:	
Representative:		Representative:	
Title:		Title:	
Telephone:		Telephone:	
Term of Agreement			
Start Date:		End Date:	

\_\_\_\_\_ Date

Worksite Representative

\_\_\_\_\_ Date

WIA Grantee and/or Service Provider Representative



## WIA Trainee Time Sheet

Trainee Information			
Trainee Name: _____		OSL Participant ID: _____	
WIA Program:	<input type="checkbox"/> Adult	<input type="checkbox"/> DLW	<input type="checkbox"/> Youth → <input type="checkbox"/> In School <input type="checkbox"/> Out of School
WIA Funding Stream:	<input type="checkbox"/> Formula	<input type="checkbox"/> Other: _____	Wage Rate: \$ _____
Worksite: _____	Supervisor: _____		Telephone: _____
WIA Authorized Representative: _____			Telephone: _____

Pay Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Week 1 (mm/dd)	In	Lunch Period (if taken)		Out	Total Time Worked	
		Out	In		Hours	Minutes
Sunday	/					
Monday	/					
Tuesday	/					
Wednesday	/					
Thursday	/					
Friday	/					
Saturday	/					
<b>Total Time Worked / Week 1 =</b>						

Week 2 (mm/dd)	In	Lunch Period (if taken)		Out	Total Time Worked	
		Out	In		Hours	Minutes
Sunday	/					
Monday	/					
Tuesday	/					
Wednesday	/					
Thursday	/					
Friday	/					
Saturday	/					
<b>Total Time Worked / Week 2 =</b>						

Week 3 (mm/dd)	In	Lunch Period (if taken)		Out	Total Time Worked	
		Out	In		Hours	Minutes
Sunday	/					
Monday	/					
Tuesday	/					
Wednesday	/					
Thursday	/					
Friday	/					
Saturday	/					
<b>Total Time Worked / Week 3 =</b>						

<b>Total Time Worked / Pay Period =</b>						
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*I certify that the Trainee time and attendance information for the pay period is correct.*

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worksite Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WIA Representative Signature

\_\_\_\_\_  
Date

## WIA Work Experience Trainee Evaluation

Trainee Information					
Trainee Name:			OSL Participant ID:		
Start Date:		End Date:		Job Title:	
Worksite Information					
Worksite:					
Worksite Address:			Worksite Telephone:		
			Days/Hours of Operation:		
Supervisor:				Telephone:	
Alternate Supervisor:				Telephone:	

Please rate the Trainee for each characteristic utilizing the following scale:  
 1 = Unsatisfactory    2 = Satisfactory    3 = Good    4 = Excellent

Item	Initial Rating	Mid-Term Rating	Final Rating
<b>1. Cooperative</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>2. Follows Directions</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>3. Responsible</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>4. Takes Initiative</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>5. Skills Progress</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>6. Appearance</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>7. Attendance</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>8. Punctuality</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>9. Integrity</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>10. Productivity</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>11. Work Quality</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>12. Conduct/Attitude</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>Average Rating: (Total Points ÷ 12)</b>			
<b>Comments:</b>			
<b>Date of Evaluation:</b>			
Certification			
<i>I have discussed this performance evaluation with the Trainee, and certify that I have evaluated the skills objectively.</i>			
<b>Supervisor Signature:</b>			
<i>This performance evaluation has been discussed with me, and I certify that I have received training in the skills listed.</i>			
<b>Trainee Signature:</b>			

# ***WORKFORCE INVESTMENT ACT***

## ***Work Experience Worksite Orientation***

Worksite: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Worksite Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Alternate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### **Acknowledgement of Receipt**

This is to certify that I have received, read, and understand the rules, regulations, and instructions contained in this orientation manual. I have also received a copy of the job description(s) of the participant(s) whom I will be supervising.

\_\_\_\_\_  
Worksite Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alternate Supervisor Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
WIA Representative Signature

\_\_\_\_\_  
Date

## WIA Work Experience Incident Report

**Worksite Supervisor:** Please complete the following information and submit to: \_\_\_\_\_

WORKSITE INFORMATION							
Worksite:							
Worksite Address:				Worksite Telephone:			
				Days/Hours of Operation:			
Supervisor:					Telephone:		
Alternate Supervisor (if applicable):					Telephone:		
TRAINEE INFORMATION							
Trainee Name:					Telephone:		
Trainee Address:			City:			Zip:	
INCIDENT INFORMATION							
Location of Incident:			Date:			Time:	
Description of Incident:							
Injury Sustained:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Injury:				
Medical Treatment Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Physician:				
Physician Address:			City:			Zip:	
COMPLETE THIS SECTION ONLY IF THE INCIDENT WAS REPORTED TO THE POLICE							
Police Station Name/Number:							
Police Station Address:			City:			Zip:	
Officer Name:					Telephone:		
CERTIFICATION							
Worksite Supervisor Signature:					Date:		
Trainee Signature:					Date:		