Adult/DW Work Experience Work Plan

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| Employer Information |
| Trainee Name: | Classroom Training/Credentials: |
| WEX Job Title: | Attach Job Description:Employer 🞏 ONET 🞏 | Start Date | End Date |
| Work Days: 🞏 M 🞏 T 🞏 W 🞏 Th 🞏 F 🞏 Sa 🞏 Su | Work Hours per Day: | Max hours to be worked each week:  |
| Starting Hourly Wage:  | Ending Hourly Wage: | Max Worksite Hours (Tier 1 max 320) | Max Allowed for PY |
| Worksite Name: | Worksite Address: | Telephone No: |
| Supervisor Name:  | Supervisor Title: | Number if different from above:  |
| Pay Schedule: 🞏 Weekly 🞏 Bi-weekly🞏 Monthly  | Ratio of Trainees to Supervisor:  | Supervisor email: |
| List all previous job work experience job titles:  |

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| Comparison of job skills |
| Previous job skills obtained (attach resume) | Job Skills participant will obtain from WEX (from employer job description or ONET job description |
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Signature and Date of WIOA Adult/DW Career Advisor Signature and Date of Employer/Supervisor

Packet should include: 🞏 Employer Job Description or 🞏ONET Job Description

🞏 Participant Resume

🞏 Prevailing Wage Form or 🞏 Wage Analysis Form

**WEX WORK PLAN MODIFICIATION**

The WEX Work Plan 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 training (justification should be noted below).
* To correct errors in the original job skills to obtain column; based on an updated job description.
* Cancellation of the WEX.
* Update in hours, hourly wage, and/or update to allotted hours on the worksite.
* To extend the end date in order to ensure satisfactory skill attainment.
* Other *(please explain)*:

The Worksite and the WIOA Adult/DW Service Provider agree that this WEX Work Plan shall be modified as stated below:

Except as hereby modified, all other terms and conditions of this WEX Work Plan remain unchanged and in full force and effect. The effective date of this modification is . The Worksite and the WIOA Adult/DW Service Provider mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respectively authority.

WIOA Adult/DW Services Provider Printed Name

WIOA Adult/DW Services Provider Signature Date Signed

Worksite Authorized Person Printed Name

Worksite Authorized Person Signature Date Signed

WIOA Adult/DW Program Manager Printed Name

WIOA Adult/DW Program Manager Signature Date Signed

**Adult/DW WEX Plan Completion Instructions & Clarification**

1. Trainee Name: Record the participants first and last name.
2. Classroom Training/Credentials: If the participant will require classroom training or a credential to obtain employment in his/her career goal occupation, list the name of the training or credential needed/obtaining. If classroom training or a credential is not needed, record N/A. This does not include soft skills or work readiness training.
3. WEX Job Title: Record the WEX job title as listed on the job description
4. Job Description: If the job description is from the employer, record a check mark by employer. If the job description if from O\*NET, record a check mark by O\*NET. These are the only two approved sources for job descriptions. *Attach the job description obtained for the WEX.*
5. Start Date: Record the date of the first day of work. The date should match the date listed in the WEX Worksite Agreement under “WIOA Adult/DW Work Experience Participant(s) Assigned” Start Date and should match the begin date on the activity code.
6. End Date: Record the anticipated scheduled last day of work for the participant. The date should match the date listed in the WEX Worksite Agreement under “WIOA Adult/DW Work Experience Participant(s) Assigned” End Date and the projected end date on the activity code.
7. Work Days: Record the days of the week the participant is **scheduled** to work. If there is a variation, please record.
	1. For example, Monday, Wednesday & Friday - week one; Rotate week two – Tuesday & Thursday.
	2. The WEX case note should document the work schedule in detail.
8. Work Hours: Record the time the participant is **scheduled** to work. If there is a variation, please record.
	1. For example, 9:00 am to 3:00 pm M-Thurs; 8 am to 12 pm Friday.
	2. The WEX case note should document the work hours in detail, including how many hours per day.
9. Hours Worked Per Week: Record the total number of hours that the participant is **scheduled** to work per week.
	1. For example, the worksite supervisor indicated that he/she only needs the participant to work 20 hours a week. But on some weeks may need the participant for 29 hours. The participant’s scheduled work hours will be 20 hours a week and maximum work hours of 29 hours.
	2. Work Hours: Scheduled – 20 hours per week; 29 hours per week maximum
	3. The WEX case note should document the total hours in detail.
10. Starting Hourly Wage: Record the WEX beginning hourly wage.
11. Ending Hourly Wage: Record the anticipated ending hourly wage (most times, it will be the same as the starting).
12. Maximum Worksite Training Hours: Record the maximum number of hours that the participant will work at this worksite. This cannot exceed their allotted 320 hours or the maximum set by the Local Area.
13. Maximum Training Hours (Program Year): Record the maximum number of hours that the participant is anticipated to work for the program year (July 1st – June 30th). This should never exceed their allotted 320 (program maximum).
14. Worksite Name: Record the WEX worksite name.
15. Worksite Address: Record the WEX worksite physical address.
16. Worksite Telephone #: Record the WEX telephone number where the worksite supervisor can be reached.
17. Supervisor Name: Record the name of the WEX supervisor.
18. Supervisor Title: Record the job title of the WEX supervisor.
	1. Number if different: if the supervisor phone number is different from the worksite number referenced in #16 above, record here; otherwise leave blank.
19. Pay Schedule: Select the pay schedule for the WEX participant based on the Program Operator’s pay schedule, since the Program Operator will be the employer of record.
20. Ratio Of Trainees To Supervisor: Record the number of trainees to the number of supervisors at the WEX worksite. For example 1:1 or 2:1.
21. Supervisor email: record the email address for the WEX supervisor
22. List all previous job/work experience job titles: Record **all** job titles the participant has since enrolled in the program.

\*\* Comparison of job skills \*\*

1. Previous job skills obtained: list all “skills” acquired from previous jobs and/or work experiences that were subsidized or unsubsidized.
2. Job skills the participant will obtain: List the major (top 9) job skills from the employer job description or the ONET job description that the participant will “gain” while participating in this work experience.
	1. The participant should “not” have the same skills listed in both categories.
3. Modifications:
	1. If any modifications need to be made to the work plan hours, dates, etc., the modification page should be completed to note the changes. In addition, a detailed case note should be added in NCWorks.
	2. *The Work Plan should be printed from NCWorks, the modification page completed, and the entire document scanned into NCWorks.*