

## Rivers East Workforce Development Board

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RIVERS EAST LA ISSUANCE 2021-07

**SUBJECT:** Work Experience Policy for Adult and Dislocated Worker Participants

**PURPOSE:** This issuance replaces Region Q LA Issuance 2016-04 Change 1 and provides additional guidance and clarification.

**ACTION:** WIOA service providers are to review and implement the attached policy by establishing a work experience component where participants can benefit from a quality work experience and gain skills and opportunities for advancement. Strong emphasis is placed on work experiences that are linked to careers.

**EFFECTIVE DATE:** July 1, 2021

A handwritten signature in black ink that reads "Jennie Bowen". The signature is written in a cursive style and is positioned above a horizontal line.

Jennie Bowen  
Workforce Development Director

Attachments

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## Adult and Dislocated Worker Work Experience Policy

### Background

The Adult and Dislocated Worker Work Experience Policy provides an opportunity for WIOA Title I participants to participate in paid work experience. "Work Experience (WEX) Training" is a planned, structured learning experience that occurs in a workplace for a specified, limited period of time. The purpose of the WEX activity is to provide the WIOA Title I participant with opportunities for career exploration, skill development, and reinforcement of work ethic.

A "work experience job" is one that provides a limited work experience, which is subsidized for those individuals with barriers to employment because of chronic unemployment or inconsistent work history or those that need actual work experience that aligns with completed classroom training. These jobs are designed to enable the individual to establish a work history, demonstrate work success, and develop the skills that lead to unsubsidized employment.

Work experience may be in the private for-profit sector, the non-profit sector, or the public sector. The intent of work experience is not to benefit the employer, although the employer may, in-fact, gain from the activities performed by the participant. ***The expectation of the work experience is for participants to be retained after successful completion of the work experience component.*** Work experience activities shall not reduce current employees' work hours, displace current employees or create a lay-off of current employees, impair existing contracts or collective bargaining agreements, and/or infringe upon the promotional opportunities of current employees as defined in the Fair Labor Standards Act.

### Work Experience Guidelines

#### Assessment

The Service Provider will ensure that the work experience training is appropriate based on the needs identified by an objective and comprehensive assessment and as documented in the Individual Employment Plan (IEP). The IEP should clearly indicate how this activity is going to help the participant move from work experience to unsubsidized employment. Documentation of the need for work experience that is tied to and supported by academic and occupational



education and the objectives of the work experience must be detailed in the IEP and the Work Experience Work Plan.

Adult and Dislocated Worker participants must demonstrate active job search and have been unable to secure employment in the previous six months. Work experience must be combined with other activities such as work readiness workshops to enhance employability or an activity directly related to active permanent job search. These activities should be included on the IEP and documented in a case note in NCWorks.

### Choosing a Worksite

Work experience should be linked to the participants chosen career field, verified by Traitify, and cannot exceed 320 hours per program participation. The maximum number of hours that a participant can work per week is 29 hours. Participants will be paid only for hours worked and are not eligible for sick, vacation, or holiday pay.

When choosing worksites, analyze the “value-added” contributions an employer is willing to make to the experience for the participant. Examples of such contributions are structured development/refinement of work readiness skills, provisions of on-site educational services, and exposure to enhanced skill training and mentoring. **Job descriptions and work plans must be submitted to the Local Area for prior approval.**

If the Adult and Dislocated Worker participants are enrolled in classroom training, they should be close to completion of training (within six months of completion) or may have recently 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 any prior work activity or experience in the field/area being assigned. Similar positions with different skill sets may be allowable with proper documentation.

Worksite supervisors need to have a clear understanding of the objectives of the work experience, the job assignments and realistic expectations of the work products and productivity that a WIOA participant may demonstrate. The participant must have adequate supervision, as any other entry-level employee. The worksite 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.

The Board strongly discourages the practice of placing participants in a work experience located at the board office, career center, or administrative entity due to the potential of conflicts of interest. Placement at these locations should only be allowed where there is specific documentation in the file that the particular experience meets the participant's career goals and skills needs AND there is no other placement opportunity available. All of these placements must be approved by the Local Area before a participant is placed at these worksites.

Ineligible occupations for which Worksite Agreements will not be approved are: (a) occupations dependent on commissions or gratuities as the primary source of income; (b) Intermittent seasonal occupations; (c) occupations requiring a license as a hiring prerequisite (excluding driver's license); (d) occupations on the construction, operation or maintenance of any facility as is used, or to be used for sectarian instruction or as a place of religious worship; (e) part-time occupations (for definition purposes, full-time employment is 36-40 hours per week); (f) occupations experiencing or historically having a large turnover in employees-such occupations are customarily in low or unskilled jobs which require only short demonstration in order to perform the job task; and (g) occupations where adequate supervision and/or monitoring is not available. These include traveling salespersons, truck or van drivers who are totally independent of supervision, and some out-stationed positions with limited to no supervision.

#### Skills Analysis and Work Plan Development

An individualized work experience skills analysis must be performed to determine the acquisition of skills that the participant does not already possess. Skills the participant may have acquired from previous work or life experiences are potentially transferrable and can be used in every occupation, regardless of the type of work. Transferrable skills are unlike job-related skills, which tend to be used only in one type of work.

Matching a WIOA participant with the appropriate worksite is critical to a successful work experience. An analysis of the trainee's prior work history, transferrable work skills, and the job skills gained must be compared to the job skills/job description the employer requires in the work experience. The resulting gap in skills will be the basis for the development of the work



experience.

Once the skills analysis is completed, the Career Advisor will complete the Work Plan. The Work Plan will contain occupationally specific skills that the participant already possess along with the specific skills the participant will acquire while participating in the work experience. Skills the participant already possess should be listed in the "Previous Job Skills" section and skills the participant will obtain while on the work experience should be listed under "Job Skills Participant will obtain".

Service Providers may use assessment tools available to conduct a skills analysis and provide adequate documentation of the process utilized. This includes O\*NET Online website and [www.myskillsmyfuture.org](http://www.myskillsmyfuture.org) which have both been developed by the U.S. Department of Labor.

Please remember the intent of the work experience is to provide the participant with an opportunity to **gain** additional skills needed for future unsubsidized employment.

#### *Establishing Prevailing Wage*

Participants must be compensated at the same rates, including periodic increases, as trainees, or employees who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills. The rates may not be lower than the higher of the federal or state minimum wage.

Wage requirements under the Fair Labor Standards Act (FLSA) apply to all adults and dislocated workers employed under WIOA. The FLSA applies to the extent that the activities performed in the work experience constitute employment. There must be a determination whether work experience constitutes training as opposed to employment. Please contact a Certified Public Accountant for more information.

To be in compliance with the prevailing wage and employee compensation rates, all Rivers East work experiences will follow the procedures below for any WIOA WEX hourly wage rates.

- Career Advisors will meet with the employer to obtain the employer job description for the WEX position.

- The employer will document the hourly wage and required experience for employees in the WEX position.
- The WIOA Career Advisor will obtain a resume or documented work experience for the WIOA participant.
- The WIOA Career Advisor will determine the hourly wage rate based on rates for employees of the same employer who have similar training, experience and skills;
- Participants with no work history or no experience in the WEX occupation(s) will be paid the entry level hourly wage of the employer.
- The participant must be compensated at the same wage as other employees who are in similar occupations by the same employer and who have similar training, experience, and skills. Participant cannot receive a higher wage or lower wage as an employee in the same position.
- Wage increases must match employer's wage increase policy. For example, if the employer gives a dollar an hour wage increase after 90 days, the participant can receive this wage increase with a satisfactory evaluation. This information must be documented in case notes.
- The rates may not be lower than the higher of the federal or state minimum wage.

Employers that do not have a job description or the position will be a lower position (such as a helper/assistant), Career Advisor must follow the procedure below in determine the prevailing wage.

*Lower position example: The employer has a job description for a maintenance position. The WEX position will be for a maintenance helper. The employer does not have a job description for a maintenance helper.*

- The WIOA Career Advisor will obtain the job description/job duties and wage information for the position from the employer (maintenance position).
- The WIOA Career Advisor will obtain a resume or documented work experience/history for the WIOA participant.
- NCWorks or O\*NET are the approved sources and will be used to obtain the prevailing wage for the county position and the WEX position.
- All documentation (Employer Prevailing Wage Rate Form, Employer Job Description, Participant Resume/Work History, and NCWorks/O\*NET Prevailing Wage Documentation) will be scanned and emailed to the Local Area's Strategic Initiatives



Coordinator.

- The Strategic Initiatives Coordinator will review all the documentation and calculate the prevailing wage and return the local area approved Work Experience Wage Analysis Worksheet to the Career Advisor.
- The prevailing wage rate documentation must be scanned into NCWorks and the prevailing wage justification documented in case notes.

#### Worksite Agreement

There must be a Work Experience Worksite Agreement between the service provider and the employer that articulates the learning that is to take place, the length of the WEX, and the academic and/or occupational competencies to be obtained. The Worksite Agreement must be completed and signed prior to the start of the work experience. The service provider will use the Rivers East standardized Worksite Agreement. Additionally, the service provider must provide documentation that the employer and the participant received WEX Orientation by reviewing the Participant and Supervisor Handbook and uploading the signature page into NCWorks.

The purpose of the worksite agreement is to establish a formal training relationship with a worksite, to specify the responsibilities of each party to the agreement, and to provide a successful, enriching work experience for the WIOA participant. A signed original of the Worksite Agreement should be on file at the worksite and scanned into NCWorks. The provider should scan all WEX documents into NCWorks and maintain detailed case notes in NCWorks.

#### Employer Retention Rates:

The objective and implied requirement is that the Adult or Dislocated Worker will be retained after successful completion of the work experience component. The continued use of worksites will be contingent upon the retention of participants into unsubsidized employment. Employers are required to maintain a 66% retention rate for all participants placed in a work experience. At the time it is determined they have fallen below the 66% rate, the following will occur: (a) Level 1, Warning (90 days); (b) Level 2, Suspended for six months; (c) Level 3, Suspended for one year; and (d) Level 4, Removed from eligible worksite list.

Adult and Dislocated Workers may be placed into the OJT component after the successful completion of work experience as a sequential component. OJT placements are another strategy for obtaining unsubsidized employment for participants that will provide additional skills training needed. Sequential enrollment into work experience and OJT must be approved by the Local Area and the need for sequential enrollment supported by the Skills Gap Analysis.

### Timesheets

The Career Advisor will deliver participant timesheets to the worksite supervisor with the information on the upper portion completed. The timesheet is the official record determining the pay for the participant. It is your responsibility to ensure that the participants at the worksite correctly report all time worked. Participants must sign the timesheet in **black or blue** ink at the end of each day and at the end of each pay period. **Any change on a timesheet must be marked through and initialed by the participant and supervisor. Do not allow participants to sign out for the day until the end of the day. You are not to pre-sign timesheets. Under no circumstances should whiteout be used on timesheets.** Messy timesheets or those with obvious whiteout will not be considered for reimbursement. **It is the responsibility of the Career Advisor AND the Program Supervisor to review the timesheet thoroughly before approving for payment.**

Each participant will enter the actual hours worked, but the supervisor **must** verify hours reported **before** the form is signed by the supervisor. **In the event the participant hours needs to be rounded; hours should be rounded up to the nearest "quarter" hour. For example, if the participant records 5.20 hours; that can be rounded to 5.25 hours. If the participant records 5.60 hours; that can be rounded to 5.75 hours.**

### Evaluations

Participants will be evaluated periodically during the program. The Local Area requires at a minimum, a mid-point and final evaluation. Work skills, from the Work Plan, will be measured based on demonstrated performance at the worksite. The Career Advisor should review the evaluation to determine the need for the WEX to continue. For example, if the participant has "mastered" all the job tasks by the Mid-point evaluation, the WEX should be ended or additional job tasks added to the WEX Work Plan. If the participant has mastered the majority of the job



tasks; a detailed case note needs to be added to justify the continuation of the WEX and/or additional job tasks added to the WEX Work Plan. The same holds true if the Career Advisor sees a job task marked as unsatisfactory; there should be a detailed case note explaining what assistance we provided the participant to assist with improving in that tasks/need. The Evaluation should be reviewed and discussed with the participant. The Form must be signed by the Supervisor, Participant, and the Career Advisor and uploaded into NCWorks.

#### Worksite Folder and Monitoring

Once all paperwork is complete, a Worksite Folder should be created. The Folder should contain the following: Worksite Information and Monitoring Form, Original Work Site Agreement, Original Work Plan and Job Description, Work Experience Evaluation Form, the initial Timesheet, Emergency Contact Form, and the Folder Checklist. The Worksite Folder is to remain at the worksite as long as the participant is working.

It is the responsibility of the Career Advisor to monitor the participant and the worksite monthly. This can be done as timesheets are picked up or an unscheduled visit. The Career Advisor should complete the Monitoring Section of the Worksite Information and Monitoring Form. The Career Advisor will enter a detailed case note in NCWorks, documenting the visit and outcome of the monitoring.

#### Attachments:

- Instructions for completing Work Site Agreement
- Worksite Agreement Form
- Instructions for completing Work Plan
- Work Plan
- Evaluation Form
- Timesheet

## Instruction on completing the Adult/DW Work Experience Worksite Agreement

1. Write in the Adult/DW Services Provider Name and the Worksite Agency (Employer) Name.
2. Select the appropriate box for the type of agency (public, non-profit, or private).
3. Write in effective dates of the Agreement. This can be for a short timeframe or the entire program year. End date cannot be any later than June 30 of each program year.
4. Enter the maximum hours allowed by the Local Area, if different from allotted 320 on page 2.
5. Complete Page 4:
  - a. Complete the section for the Lead and Alternate Supervisor making sure to include all requested information.
  - b. Authorized Signatures: Both the Career Advisor and the Employer **MUST** sign the Agreement before it is forwarded to the Adult/DW Program Supervisor for review, approval, and signature. Again, making sure all boxes are completed.
  - c. Adult/DW Program Manager should review the following before signing:
    - i. Is the Employer job description attached?
    - ii. Is the Prevailing Wage Form completed and attached, following Policy?
    - iii. If not, is an ONET job description attached?
    - iv. If an ONET job description was used, does the wage match what the Local Area calculated and returned? Is the Wage Analysis from the Local Area attached?
    - v. Is the Work Plan attached and correct?
    - vi. Is Page 5 completed and does it match the other documents?
    - vii. If anything is missing, documents should be forwarded back to the Career Advisor and corrected
    - viii. Once you approve and sign, forward packet back to the Career Advisor to scan into NCWorks.
6. Complete Page 5:
  - a. If the Worksite will be a different physical location than the mailing address listed on Page 4, complete the box at the top of Page 5.
  - b. Participant Assignment:
    - i. Add Participant name and additional requested information. **The start and end date cannot be before or after the effective dates of the agreement.** Dates should match those entered on the activity code.



- ii. If Worksite will be outdoors; add inclement weather arrangements provided by employer

7. Modifications:

- a. IF any of the information from Pages 1 through 5 change during the work experience, the Career Advisor should complete Page 6, note changes, and obtain signatures. Once signed by all individuals, the Modified Agreement should be scanned in NCWorks, with a notation as "MODIFIED WORKSITE AGREEMENT".
  - i. Changes could be items listed on Page 6 or the following (*but is not limited to*):
    - 1. Begin and/or End date changes
    - 2. Changes in worksite location
    - 3. Changes in Supervisors
    - 4. Extensions and/or Terminations, regardless of reason
- b. *The entire Agreement has to be printed from NCWorks, page 6 completed, and the entire Agreement re-scanned into NCWorks.*

## Workforce Innovation and Opportunity Act (WIOA) WORK EXPERIENCE WORKSITE AGREEMENT

This establishes an agreement between \_\_\_\_\_  
(WIOA Adult/DW Services Provider)

and \_\_\_\_\_. (Please Select) ☐ Public ☐ Non-Profit ☐ Private for Profit  
(Name of Worksite Agency)

herein after referred to as "Worksite" to provide subsidized or unsubsidized internship/work experience to eligible individuals participating in the Rivers East Workforce Development Board's Work Experience Program authorized and funded under the Workforce Innovation and Opportunity Act (WIOA). The WIOA Adult/Dislocated Worker Services Provider and the Worksite will work together to provide a short-term work experience component which is valuable and meaningful for both the participant and the organization/worksite.

Work experience job assignments will be consistent with each WIOA participant's capabilities and interest and in an occupational field or specific job in which he/she has minimal or no prior work experience. WIOA funded work experience job assignments are expected to help individuals gain the skills and experience they need to succeed in the workplace and obtain unsubsidized employment.

**TERM:** This agreement will take effect on \_\_\_\_\_ and terminate no  
later than \_\_\_\_\_.

**This Worksite Agreement provides the following assurances:**

1. Only those participants referred to and declared eligible by the WIOA Adult/DW Services Provider as Work Experience participants will participate under this agreement.
2. Participants will be informed of the supervisor's name, role and responsibilities. Participants will relay any problems that might arise to that supervisor. The Worksite will notify the WIOA Adult/DW Service Provider staff if difficulties arise which the worksite supervisor and participant are unable to resolve. WIOA Adult/DW Service Provider staff and/or Worksite supervisor may recommend termination or transfer of the participant if the situation or problem is not resolved.
3. No WIOA 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.
4. 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.
5. Equal Employment Opportunity and Nondiscrimination: The Worksite 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.
6. The WIOA Adult/DW Service Provider is responsible for payroll processing for WIOA participants. Time sheets must be maintained that document participant's sign in when reporting to work each day, sign out for lunch, sign in when returned from lunch and sign out at the completion of the

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specified number of hours each day as described in this agreement. No one else is allowed to sign a participant in or out.

7. All requirements and regulations governing the WIOA program will be upheld.
8. This agreement will be maintained at the Worksite and available for review by federal, state and Rivers East Workforce Development Board representatives.

**All Worksites Agree to:**

1. Comply with the Fair Standard Act, current child labor laws and appropriate North Carolina State and Federal Labor Laws/standards including ADA and OSHA regulations.
2. Have a contingency plan for inclement weather when the regular Worksite is designated as out-of-doors.
3. Provide adequate full-time supervision of each WIOA participant by qualified supervisors. When the regular Worksite Supervisor is unavailable, an alternate supervisor will be designated.
4. Provide sufficient equipment and/or materials provided to carry out work assignments.
5. Provide sufficient, meaningful work to keep WIOA participants fully occupied during work hours.
6. Provide a safe and sanitary work environment.
7. Oversee the maintenance and certify as accurate, records of participant's time and attendance.
8. Notify the WIOA Adult/DW Service Provider within 24 hours of any accidents, special situations or unusual occurrences.
9. Evaluate each participant as agreed upon and required by the WIOA Adult/DW Services Provider.
10. Provide participants with appropriate breaks and lunch hour.

**In addition to the items listed above, an employer providing a work experience for an adult or dislocated worker participant also agree to:**

1. Provide a letter of intent to hire that will be attached to this Agreement.
2. Serve as worksite for no more than 320 hours. If the Local Area approved less than 320, please record maximum hours here: \_\_\_\_\_
3. Worksites will be required to maintain a retention rate of 66% of participants placed in WIOA work experience activities. There will be an implied expectation to hire the WIOA participant, into a full-time position, at the completion of the work experience. Additional work-based learning funds, through our On-the-Job Training Program, may be utilized after the participant has been hired, to continue assisting the Worksite.

If a worksite does not offer the 'implied' full-time job, per the letter of intent, and it is determined the employer has fallen below the 66% rate, the following will occur:

Level 1: Warning – 90 days

Level 2: Worksite is suspended from using the program for six months

Level 3: Worksite is suspended from using the program for one year

Level 4: Removed from eligible worksite list

**The WIOA Adult/Dislocated Worker Services Provider Agrees To:**

1. Provide orientation to the work experience participants on program purposes and policies and procedures.
2. Ensure each participant has basic work readiness skills and are ready for work.
3. Provide the Worksite with a list of eligible participants who are available to work.
4. Provide the Worksite with instructions and procedure forms as may be required.
5. Assure that immediate Worksite Supervisors and their alternates will receive orientation as to their duties and responsibilities.
6. Notify Worksite in case of any change in any participant's status and availability to work.

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7. Provide labor market information, career exposure activities, counseling and supportive services to the participants as determined to enhance the program for the participant.
8. Pay participant(s) the prevailing wage as set forth by the Rivers East Workforce Development Board Policy.
9. Obtain and maintain Worker's Compensation Insurance to cover all WIOA participants engaged in internship or work experience at the worksite.

**DRUG FREE WORKPLACE:**

The worksite and the WIOA Adult/DW Services Provider shall maintain a policy of a drug free workplace. All enrollees shall sign a certification during the application process acknowledging that they understand the WIOA Adult/DW Services Provider's drug free policy and agree to abide by the provisions of that policy.

**PROPERTY DAMAGE AND GENERAL LIABILITY:**

The Rivers East Workforce Development Board and Mid-East Commission shall not be held liable for any person or property damage.

**WORK ACTIVITIES**

A written job description must be attached to this agreement. The job description 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 29 hours per week).

If the WIOA participant's job duties at the Worksite change, the Worksite agrees to notify the WIOA Adult/DW Service Provider immediately so that this agreement may be modified.

**TIME, ATTENDANCE AND COMPENSATION:**

Accurate time and attendance records will be kept by the supervisor for each WIOA participant. Records will reflect the time actually worked by the participant. ***Participants will not be paid for time not engaged in work duties, including absences, lunch periods, vacation time, or holidays.***

**MONITORING:**

It is mutually understood and agreed that the WIOA Worksite may be monitored by the Rivers East Local Area staff, NC Division of Workforce Solutions, and/or the US Department of Labor. The WIOA Adult/DW Service Provider will monitor the Worksite based on a planned schedule at least once during the term of this agreement. The Worksite supervisor shall maintain current and accurate time and attendance records, and will cooperate fully to provide staff with worksite information or records as required in a timely fashion.

**SUPERVISION:**

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



Work activities will be performed under the supervision of the person(s) listed below:

<b>Lead Supervisor Name</b>	<b>Lead Supervisor Job Title</b>	<b>Lead Supervisor Phone Number</b>
<b>Alternate Supervisor Name</b>	<b>Alternate Supervisor Job Title</b>	<b>Alternate Supervisor Phone Number</b>

**AUTHORIZED SIGNATURES:**

WIOA Adult/DW Services Provider Name <i>(Printed)</i>	Worksite Authorized Person Name <i>(Printed)</i>
WIOA Adult/DW Services Provider Authorized Signature	Worksite Authorized Person Signature*
Date Signed:	Date Signed:
Mailing Address:	Mailing Address:
Main Telephone Number:	Main Telephone Number:
Email:	Email:
Cell Number (if applicable):	Cell Number (if applicable):

*\*If a Corporate Worksite, you must be authorized to sign a legally binding document on behalf of the Corporation*

\_\_\_\_\_  
WIOA Adult/DW Program Manager Signature/Approval and Date

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Physical Address of Actual Worksite if Different From Worksite Listed Above:

Worksite Name:	
Physical Address:	
Telephone Number:	

WIOA Adult/DW Work Experience Participant Assigned:

#	Participant's Name	Age	Job Title	Telephone #	Start Date	End Date
1						
2						

Out of Doors Worksite

If this is an out-of-doors worksite, the following rainy-day activities will be conducted:


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## MODIFICATION

The Work Experience Worksite Agreement 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 due to illness or equipment failures at the place of business.
- To correct errors in the original job description.
- Cancellation.
- 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 Work Site Agreement shall be modified as stated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Except as hereby modified, all other terms and conditions of this Work Site Agreement 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 respective 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

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## 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 is 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.
  - a. For example, Monday, Wednesday & Friday - week one; Rotate week two – Tuesday & Thursday.
  - b. 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.
  - a. For example, 9:00 am to 3:00 pm M-Thurs; 8 am to 12 pm Friday.
  - b. The WEX case note should document the work hours in detail, including how many hours per day.

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9. Hours Worked Per Week: Record the total number of hours that the participant is scheduled to work per week.
- a. 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.
  - b. Work Hours: Scheduled – 20 hours per week; 29 hours per week maximum
  - c. 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 1<sup>st</sup> – June 30<sup>th</sup>). 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.
- a. Number if different: if the supervisor phone number is different from the worksite number referenced in #16 above, record here; otherwise leave blank.

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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 \*\***

23. Previous job skills obtained: list all "skills" acquired from previous jobs and/or work experiences that were subsidized or unsubsidized.
24. 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.
  - a. The participant should "not" have the same skills listed in both categories.
25. Modifications:
  - a. 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.
  - b. *The Work Plan should be printed from NCWorks, the modification page completed, and the entire document scanned into NCWorks.*

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## Adult/DW Work Experience Work Plan

Employer Information				
Trainee Name:		Classroom Training/Credentials:		
WEX Job Title:		Attach Job Description: Employer <input type="checkbox"/> ONET <input type="checkbox"/>	Start Date	End Date
Work Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> 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: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		Ratio of Trainees to Supervisor:	Supervisor email:	
List all previous job work experience job titles:				

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)

\_\_\_\_\_  
 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

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## WEX WORK PLAN MODIFICATION

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 respective 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

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# Rivers East Workforce Development Board

## Work Experience (WEX) Trainee Evaluation

Trainee Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### Section 1: Evaluation

JOB SKILLS FROM PARTICIPANT'S WORK PLAN	MIDPOINT EVALUATION OF SKILLS	MIDPOINT EVALUATION DATE	FINAL EVALUATION OF SKILLS	FINAL EVALUATION DATE
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	
	Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>		Mastered objective <input type="checkbox"/> Satisfactory progress <input type="checkbox"/> Unsatisfactory progress <input type="checkbox"/>	

### Section 2: Authorized Signatures

#### Midpoint Evaluation

<i>I hereby certify that the above information is accurate.</i>	
SUPERVISOR SIGNATURE:	DATE:
CAREER ADVISOR SIGNATURE:	DATE:
TRAINEE SIGNATURE:	DATE:

#### Final Evaluation

<i>I hereby certify that the above information is accurate.</i>	
SUPERVISOR SIGNATURE:	DATE:
CAREER ADVISOR SIGNATURE:	DATE:
TRAINEE SIGNATURE:	DATE:

### Section 3: Comments (please explain any unsatisfactory evaluation items)

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# Work Experience Training Timesheet

Participant Last Name \_\_\_\_\_

Participant First Name \_\_\_\_\_

State ID # \_\_\_\_\_

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

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

DAY	DATE	IN	OUT	IN	OUT	HOURS WORKED	PARTICIPANT SIGNATURE
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

HOURLY RATE: \_\_\_\_\_

TOTAL HOURS WORKED DURING PAY PERIOD \_\_\_\_\_

PARTICIPANT CERTIFICATION: I certify that the above is a true statement of my hours worked for the pay period indicated.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

WORKSITE SUPERVISOR: I have reviewed the Participant timesheet and concur that the above named participant actually worked for the number of hours for the pay period indicated.

\_\_\_\_\_  
Worksite Supervisor's Signature

\_\_\_\_\_  
Date

WIOA STAFF CERTIFICATION: I have reviewed the Work Experience Participant timesheet and conclude that the hours and totals for the pay period indicated are correct.

\_\_\_\_\_  
WIOA Career Advisor

\_\_\_\_\_  
Date

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## INSTRUCTIONS FOR COMPLETING THE WORK EXPERIENCE TRAINING TIME SHEET

1. Enter the participant's last name, first name, and State ID Number.
2. Enter the begin date of the pay period
3. Enter the end date of the pay period
4. Enter the worksite name: should match the name on the Work Site Agreement and the WEX Work Plan
5. **The participant MUST complete the time worked EACH day and sign EACH day.**
  - a. Participant will enter the date of the first day worked: for example 6/28/21
  - b. Participant will enter time "in" – this is the time the participant started work that day
  - c. Participant will enter "out" – IF – the participant leaves for lunch or takes break
  - d. Participant will enter "in" when they come back from break/lunch
  - e. Participant will enter "out" when they leave for the day.
  - f. **PARTICIPANT IS REQUIRED TO SIGN EACH DAY!**
6. Enter the hourly rate the participant will be paid.
7. At the end of the pay period, total the number of hours worked
8. Participant must sign and date.
9. Worksite Supervisor must sign and date.
10. BEFORE THE CAREER ADVISOR SIGNS – you are responsible for checking ALL information listed to ensure it is correct. Once you review and confirm, sign and date.
11. Scan a copy of the approved timesheet into NCWorks and add a case note.

### Notes:

- Participants ARE NOT allowed to sign timesheets electronically, as they should be signing them each day they work. The Local Area MUST approve exceptions.
- Worksite Supervisors MUST actually review and sign the form; employer "stamps" ARE NOT allowed.
- ABSOLUTELY NO WHITE OUT CAN BE USED
- ANY CHANGES MUST BE INITIALED AND DATED. CAREER ADVISORS SHOULD BE CHECKING THESE BEFORE SIGNING AND FORWARDING FOR PAYMENT.
- IF YOU CANNOT COMPLETE THE HOURLY WAGE, DUE TO THE LOCAL AREA CALCULATING THE PREVAILING WAGE, THE PARTICIPANT CANNOT START WORK – NO EXCEPTIONS.