

A worksite agreement is hereby executed between:

and

hereinafter referred to as “Worksite”, pursuant to the Workforce Innovation and Opportunity Act (WIOA) of 2014.

This agreement will entail only financial obligations as follows:

1. It is understood that the WIOA Work Experience/Internship participants will receive a monetary incentive from the WIOA Program Operator for work performed and work readiness skills learned at the worksite. Liability insurance is provided by the WIOA Program Operator.
2. The worksite organization is in no way financially responsible for participants.

The WIOA Program Manager will provide program orientation to all worksite supervisors prior to commencement of work activities by participants.

WIOA participants will be assigned to worksites contingent upon coordination and agreement between the WIOA Program Operator and the worksite on the basis of individual participant needs, abilities and the availability of sufficient, meaningful and well-supervised work. No participant will be permitted to work, be trained or receive services in building, surroundings or other conditions which are unsanitary, hazardous or dangerous to his or her health.

Individuals responsible for the worksite operations will ensure that all work assignments are adequately and competently supervised at all times. This includes, but is not limited to the following:

1. Orientation of participants to the specific worksite duties and safety rules;
2. Assignment of participants’ task(s) in relation to their ability to perform and in conjunction with the requirements of the task(s) assigned;
3. Instruction, supervision and evaluation of participants’ performance; and
4. Maintaining communication with the WIOA Program Manager concerning participant progress and notifying the Program Manager immediately of any significant problems encountered. Removal of the participant from a worksite will be the prerogative of the worksite but termination from the WIOA Program will remain the prerogative of the Program Manager.

The worksite will prepare and maintain a daily attendance record, completed in ink, and report participant attendance to the WIOA Program Manager on a biweekly basis in accordance with the pre-established pay period.

The worksite will provide sufficient equipment and/or materials to perform the assigned task(s). These equipment/tools will include the following:

_____	_____
_____	_____
_____	_____
_____	_____

The worksite will comply with all applicable Federal, State, and local child labor laws.

The worksite will ensure that their program is not in violation of the Maintenance of Effort Provisions.

The worksite will not engage in prohibited sectarian activities.

Participants are not allowed to engage in political activities during the hours in which they are participating in a position involving political activities in the office of an elected official.

No participant is required to join a union as a condition for enrollment in WIOA.

General Worksite Information

Number of participants enrolled under this agreement: _____

Supervisor-to-Participant ratio: _____

Types of tasks at this worksite: _____

Occupational/Educational Component: _____

Provided By: _____

The WIOA Program Manager or his/her designee will have the right to visit the worksite for monitoring and evaluation of the participant at any reasonable time during normal worksite operating hours.

Adherence to the rules and regulations governing the program will be the responsibility of the worksite. The WIOA Program Manager will be responsible for providing such rules and/or changes to the worksite.

This Worksite Agreement is effective on ____ day of _____, 20____, and will remain in effect until the ____ day of _____, 20____, unless terminated sooner by written notice by either party to the other.

WIOA PROGRAM OPERATOR

As Program Manager, I certify that the worksite has been checked for safety regulations and the worksite appears to meet safety standards. No apparent hazardous conditions exist.

Program Manager Signature *Date*

Program Manager Name (Printed)

WORKSITE

I certify that the worksite has been provided a copy of this Agreement and the worksite supervisor’s manual.

Worksite Representative Signature *Date*

Worksite Representative Name (Printed)

Statement of Entitlement

This statement describes the terms and conditions agreed to by the participant and the WIOA Program Operator. The Program Operator will fully explain the following information and will not sign this statement until the information in Part B is completed. The participant will not sign this statement until the Program Operator completes the information in Part B.

This statement is not a guarantee that the participant will complete the maximum allowable number of hours assigned, even though the participant has not obtained unsubsidized employment or transferred to another WIOA activity.

If the Worksite Agreement ends before the participant has completed the maximum allowable hours, the participant may be terminated unless the worksite agreement is extended.

If the worksite agreement is extended and the participant’s enrollment is also extended, this statement can be changed in ink with the changes initialed by the participant and the Program Operator.

The participant has been accepted into the Program Operator’s Work Experience/Internship program and is entitled to the following, as applicable:

Incentive Information	
Gross Hourly Incentive:	_____
Maximum Work Hours Per Week*:	_____
Not to exceed total hours of:	_____
Assignment State Date:	_____
Projected End Date:	_____
Actual End Date:	_____

**In-school youth may exceed this number when school is not in regular session.*

Worksite Information	
Worksite Name:	_____
Worksite Street Address:	_____
Worksite City/State/Zip:	_____
Job Title:	_____

I certify that the above information has been fully explained to the participant.

WIOA Program Manager Signature *Date*

WIOA Program Manager Name (Printed)

I certify that I fully understand the above information as explained by the Program Operator.

Participant Signature

Date

Participant Name (Printed)

Statement of Employability Skills

Position Information

Job Title/Occupation: _____

DOT Code: _____

SVP Code: _____

Program Activity:

Work Experience

Internship

Training Outline

PLEASE PROVIDE A JOB DESCRIPTION OF THIS OCCUPATION AND ATTACH TO THIS AGREEMENT.

Final Evaluation

Employability Skills to be filled out at onset of Worksite Agreement

<p><i>Please provide an outline of training, skills to be learned, and hours required to master each skill area. Proficiency should be rated at the completion of the Worksite Assignment.</i></p>		Outstanding Proficiency	Satisfactory Proficiency	Partial Proficiency	No Proficiency



PIEDMONT REGION

Virginia Career Works – Piedmont Region WORKSITE AGREEMENT



Additional Comments:

Worksite Representative Signature

Date

WIOA Program Operator Signature

Date