**Work Experience (WEX) Worksite Checklist**

**WEX Service Provider Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1: Worksite Information**

|  |
| --- |
| ***Complete the following information:*** |
| Company Name (Worksite): | FEIN: | NCWorks Account ID: |
| Contact Person at Worksite: | Title: |
| Phone Number: | E-mail Address: |
| Worksite Address: |
| On-Site Supervisor Name (if different than above): | On-Site Supervisor Phone Number: | On-Site Supervisor E-mail Address: |
| Type of Organization:[ ]  Private for Profit [ ]  Private Non-Profit[ ]  Public | Industry classification (NAICS code): |
| How many employees are employed at this location? | How long has the company been in business? |

**Section 2: Criteria for Worksite**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Worksite Requirements** |
|  [ ]  |  [ ]  | Does the worksite company agree to provide sufficient, meaningful work that aligns with the participant’s training objectives and the job description? |
|  [ ]  |  [ ]  | Does the worksite company understand that the Work Experience (WEX) program is a short- term training opportunity designed to help individuals gain the skills and experience needed to be successful in the workplace? Participants have minimal or no prior work experience and will require guidance, training, and support to develop their skills and adapt to the work environment. |
|  [ ]  |  [ ]  | Does the worksite company agree to provide adequate supervision of each participant by qualified supervisors (as would be provided for any other entry-level employee) to encourage good work habits, satisfactory job performance, and a positive attitude? |
|  [ ]  |  [ ]  | Does the worksite company agree to adhere to existing state and federal labor standards? |
|  [ ]  |  [ ]  | Does the worksite company agree to adhere to all federal, state, and local health and safety regulations? |
|  [ ]  |  [ ]  | Does the worksite company agree that the WEX participant is not an immediate family member (wife/husband, son/daughter, mother/father, brother/sister, son-in-law/daughter-in-law, mother-in-law/father-in-law, stepparent, stepchild, grandparent, or grandchild) of anyone at the companyin a supervisory or administrative role? |
|  [ ]  |  [ ]  | Will there be sufficient equipment and/or materials provided to carry out assignments? |
|  [ ]  |  [ ]  | Does the worksite company agree to immediately notify the WEX Service Provider of any issues that could impede the participant’s ability to complete the work experience, such as attendance/punctuality, improper conduct, productivity, etc.? |
|  [ ]  |  [ ]  | Does the worksite company agree to immediately notify the WEX Service Provider of any changes to the participant’s job duties, worksite location, work hours, etc., so the worksite agreement can be modified accordingly? |
|  [ ]  |  [ ]  | Does the worksite company agree to provide feedback to the WEX Service Provider regarding the participant’s progress toward training objectives? |
|  [ ]  |  [ ]  | Does the worksite company agree to allow the Workforce Development Board, NC Division of Workforce Solutions and/or USDOL staff to perform onsite monitoring to ensure compliance with the worksite agreement as well as monitoring the participant’s progress? |
|  [ ]  |  [ ]  | Does the worksite company agree to provide oversight and review of all participant’s time and attendance, and report to the WEX Service Provider as indicated in the agreement? |
|  [ ]  |  [ ]  | Has the worksite company previously participated in the WEX or OJT program? If so, were there measurable positive outcomes from previous participants, such as skill development, job placement or improved employability?If no, please explain: |
|  [ ]  |  [ ]  | Does the worksite company agree that this worksite has not relocated within the last 120 days, where relocation resulted in the loss of employment at the original location? |
|  [ ]  |  [ ]  | Does the worksite agree to the following conditions regarding the placement of participants in the WEX program?* The participant will not be filling a position that has been vacated due to the layoff or termination of a regular employee or a substantially equivalent job within the worksite. The worksite confirms that the participant's role is not intended to replace or displace any existing employee or to cover the duties of an employee who has been laid off or terminated.
* The worksite affirms that it has not reduced its workforce, laid off any employees, or terminated the employment of any regular staff with the intention of filling the resulting vacancy with a participant whose wages are subsidized under this program.
 |

By acknowledging these criteria, the worksite company confirms its commitment to facilitating a positive and educational experience for the program participants, understanding that their role is crucial in helping them build essential workplace skills.

**Section 3: Authorized Signatures**

|  |
| --- |
| ***I hereby certify that the above information is, to the best of my knowledge, true and correct.*** |
| Worksite Company Representative Signature: | Title: | Date: |
| WIOA Agency Representative Signature: | Title: | Date: |

**Work Experience (WEX) Trainee Evaluation Form**

**WDB Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEX Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Trainee Name: Supervisor Name: Company Name:

**Section 1: Evaluation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Skills Objectives | Midpoint Evaluation of Skills | Midpoint Evaluation Date | Final Evaluation of Skills | Final Evaluation Date |
|  | Mastered Objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  | Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |
|  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress[ ]   |  |
|  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]   |  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |
|  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |
|  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |
|  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |  Mastered objective [ ]  Satisfactory progress [ ]  Unsatisfactory progress [ ]  |  |

**Section 2: Authorized Signatures**

***Midpoint Evaluation***

|  |
| --- |
| *I hereby certify that the above information is accurate.* |
|  Employer Signature: | Date: |
| Supervisor Signature: | Date: |
| Trainee Signature: | Date: |

***Final Evaluation***

|  |
| --- |
| ***I hereby certify that the above information is accurate.*** |
| Employer Signature: | Date: |
| Supervisor Signature: | Date: |
| Trainee Signature: | Date: |

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

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

**Work Experience (WEX) Worksite Agreement**

**Workforce Innovation and Opportunity Act (WIOA)**

**WEX Worksite Agreement**

This agreement is made between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WIOA Title I Service Provider) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WIOA Worksite) [ ]  **public** [ ]  **non-profit or** [ ]  **private for-profit business or organization** to provide subsidized or unsubsidized internship/work experience to eligible youth, adults, and/or dislocated workers participating in the [Local Area Workforce Development Board name] Workforce Development Program**,** authorized and funded under the Workforce Innovation and Opportunity Act (WIOA). Under this Agreement, participants will be provided a short-term work experience that 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 interests, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[date] and terminate no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[date].

|  |  |
| --- | --- |
| Trainee Name: | Job Title: |
| O\*NET Code: | Expected hours per week: | Starting Hourly Wage:$ | Maximum Training Hours: |
| Worksite Company Name: | Worksite Address: |
| Trainee Supervisor Name: | Title: | Phone/Email: |
| WIOA Agency Representative: | Title: | Phone/Email: |
| Pay Schedule:Weekly [ ]  Monthly [ ] Bi-Weekly [ ]  Other [ ]  | Work Schedule:[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Weekends  |

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

1. There will be sufficient, meaningful work to keep WIOA participants fully occupied during work hours
2. Work will be conducted in a safe work environment
3. There will be adequate full-time supervision of each WIOA participant by qualified supervisors
4. The Service Provider or WDB will obtain Worker’s Compensation Insurance to cover all WIOA participants engaged in internship or work experience at a worksite
5. The participating Worksite will notify WIOA Service Provider staff if difficulties arise that the Worksite supervisor and participant are unable to resolve. The WIOA Service Provider staff will attempt to find a mutually satisfactory solution. The WIOA Service Provider staff and/or Worksite supervisor may recommend termination or transfer of the participant if the situation or problem is not resolved
6. There will be adequate oversight and review of each participant’s time and attendance
7. There will be sufficient equipment and/or materials provided to carry out assignments
8. This agreement will be maintained at the Worksite and available for review by federal, state, and WDB representatives
9. All requirements and regulations governing the WIOA program will be upheld
10. Worksite supervisors will adhere to existing state and federal labor standards
11. 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
12. 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
13. *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
14. The Local Area WDB or its designated service provider is responsible for administering participant payroll, including withholding and payment of all required taxes.

**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 40 hours per week).

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

**Time and Attendance and Rate of Pay**

Accurate time and attendance records will be kept by the Worksite 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 Local Area WDB, NCDWS, and/or the USDOL. The WIOA Service Provider will monitor the Worksite based on a planned schedule at least once during the term of this agreement. The Worksite supervisor will 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. Supervisors are expected to encourage and support participants in developing good work habits, demonstrating satisfactory job performance, and maintaining positive attitudes about work. Since Work Experience (WEX) is a training program, supervisors should provide opportunities for learning and make reasonable concessions to support skill development. Any issues or concerns should be reported immediately to the WIOA Agency Representative.

**Authorized Signatures:**

|  |
| --- |
| *By signing below, I agree to adhere to the worksite agreement.* |
| WORKSITE SUPERVISOR SIGNATURE: | TITLE: | DATE: |
| WORKSITE COMPANY REPRESENTATIVE (if different than above) | TITLE: | DATE: |
| WIOA AGENCY REPRESENTATIVE SIGNATURE: | TITLE: | DATE: |
| TRAINEE SIGNATURE: | DATE: |