

Middle Georgia Consortium Inc.

Workforce Innovation and Opportunity Act (WIOA)

124 Osigian Boulevard, Suite A- Warner Robins, Georgia 31088

(478) 953-4771 – (800) 537-1933 - FAX (478) 953-2509

Middle Georgia



Connecting Talent with Opportunity

Worksite Application

Proudly Serving Residents In the Following Counties

Baldwin~Crawford~Houston~Jones~Monroe

Peach~Pulaski~Putnam~Twiggs~Wilkinson

2020-2021 WIOA SUBSIDIZED WORK-EXPERIENCE PROGRAM

WORKSITE DESCRIPTION

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I. INTRODUCTION

"Welcome to the WIOA Youth Employment and Training Program". As supervisor of WIOA Youth Employment and Training Program participants, you will play an important role in helping these individuals obtain meaningful work skills, learn appropriate work behavior, earn money, and develop techniques to become self-sufficient. This manual tells you about the program. It provides you with basic information concerning your responsibilities as a supervisor and gives instructions that will help facilitate the success of the program.

You will have the unique opportunity to use your skills in planning, scheduling, assigning work, supervising and counseling these individuals. Your responsibility is to teach good work habits, give instructions on how jobs are to be done and to evaluate participants' performance. For many participants, this will be their first job and their first contact with the working world; this may be your first time supervising individuals in this respect.

The attitude of individuals toward work reflects on both the kind of work-experiences offered and the kind of supervision, training and counseling needed. It is important that no work be undervalued. Every job can be used to help these individuals gain an understanding of the nature of work and of the employer's expectations. They can gain experience leading to work competency, see how their efforts can be productive and useful, and develop the ability to move on to more demanding jobs.

The work experience itself should be meaningful to the participant. Doing something worthwhile which attracts community and individual attention can increase the participants' feeling of self-worth. It is important that the participants be helped to understand the meaning and purpose of the tasks performed. This can be helpful in developing a social climate in which the participants can learn from the work experience.

Expressing interest in participant's' performance and providing encouragement are good incentives for productive work and cooperative attitudes. Ignoring poor work behavior and performance is not effective. Continued poor work performance and attitudes may be a result of participants becoming bored, indifferent, or dissatisfied with their jobs. Counseling the participants or introducing new work elements may be the solution. Under no circumstances should poor work performance and attitude go uncontested. It is left to the discretion of the worksite supervisor and the WIOA career facilitator to take the appropriate action. Individuals appreciate quality supervision and most supervisors will find that participants will adjust well to on-the-job demands.

II. WIOA Youth Employment and Training Program (ETP)

The WIOA Youth ETP is funded under Title I of the Workforce Innovation and Opportunity Act (WIOA). This program provides employment and training services for a limited number of program eligible individuals in our area. All jobs are in public and/or private non-profit agencies and cannot be substitutes for jobs performed by regular employees.

The specific objectives of the WIOA Youth ETP are:

- To provide financial assistance to individuals who qualify under Federal guidelines;
- To give individuals an opportunity to gain good work-experience and to develop useful work behavior patterns and skills;
- To provide meaningful services and improvements for the agencies in the community.

III. SUPERVISOR'S RESPONSIBILITIES

As a worksite supervisor, you play an important role in the operation of the program. You are the person who makes certain that on a day-to-day basis, the participants gain the experience for which the program is designed. Emphasis should be placed on participants learning the appropriate attitudes, habits and behaviors necessary to retain employment.

As a Supervisor, you are to:

- **ORIENT** the participants to their worksites, to their jobs, and to their expected behaviors pertaining to dress code, lunch break, and acceptable personal items permitted on the worksite;
- **WRITE** job descriptions and performance evaluations, and discuss performance outcomes with the participants;
- **HELP** the participants gain the necessary skills and abilities to perform specific tasks and develop desirable work behavior and good work habits;
- **PLAN and SCHEDULE** work so that the desired objectives' are achieved and to ensure participants are working during all scheduled hours;
- **ASSIGN** participants to specific jobs that are in line with their interests and capabilities;
- **ORGANIZE** the workers, their tasks, and materials so that coordination and cooperation are achieved;
- **DIRECT** the participants so they will understand what work is to be done, when tasks are to be performed and what the results of a task look like when properly completed;
- **SUPERVISE** the participants to ensure the work is accomplished with no problems and participants are working in a safe environment;

- **SERVE AS A ROLE MODEL** so the participants will have a good example of appreciated behavior;
- **MAINTAIN AND CERTIFY** participants' time and attendance records to make ensure they are only paid for actual hours worked;
- **KEEP AN OPEN LINE OF COMMUNICATION** between yourself, the participants, and the WIOA Career Facilitators;
- **MAKE** sure Sign-In/Sign-Out Sheets are completed on a daily basis; see sample form on page 7.
- **CALL** the Consortium Office if you have questions. The telephone numbers are (478) 953-4771 or 1-800-537-1933.

IV. SUPERVISOR'S INFORMATION

As a WIOA Youth ETP Supervisor, certain information should be at your fingertips. A copy of the **WORKSITE NON-FINANCIAL AGREEMENT** and **WORKSITE SUPERVISOR'S ORIENTATION PACKET** should always be accessible at your worksite. These documents contain essential information to aid the worksite supervisor in administering the program.

A. PARTICIPANT JOB DESCRIPTION: Discuss the **Youth Work Experience Agreement's** position description with the participant(s) and make certain participants know what is expected of them before work begins. If applicable, please discuss what is expected of the participant(s) during inclement weather.

B. PARTICIPANT RULES: It is your responsibility as a supervisor to ensure participants are informed and know the worksite rules that apply to them, and to make certain these rules are enforced. Participants are to abide by the same general organizational rules and regulations as other employees of the worksite. The exception being those rules that specifically applies to Youth ETP participants. Youth ETP participants have already attended an orientation; however, we suggest you hold an additional orientation for those things that apply to your worksite. **If a participant does not attend class they can not work that day. This excludes holidays, school breaks, and days that classes do not occur.**

C. PAY POLICY AND PAY SUBMITTAL: As a Youth ETP supervisor, you are responsible for keeping accurate time and attendance records for each participant at your Worksite. Timesheets for participants will be provided by the WIOA Career Facilitator. The WIOA Youth ETP supervisor must complete and sign timesheets at the end of each pay period, certifying that the timesheets are accurate and correct. Original **TIMESHEET, PARTICPPANT SIGN IN / OUT SHEET AND PARTICPANT EVALUATION FORM** constitute a complete pay period submittal (*example of these forms are on pages 8-10*). The pay period submittal must be mailed or delivered to the Consortium office **NLT 5:00 PM on the Monday** following the end of the pay period. **Participants are not paid for holidays, absences, non-worked hours, lunch, or breaks.**

****For timely pay submittals fax your complete pay period submittal(s) to MGCI 478-953-2509. The original documents still MUST be mailed to our office. We will provide self addressed stamped envelopes.*

D. WORKSITE CAREER FACILITATOR: Each worksite has been assigned a WIOA Youth ETP career facilitator who will be working with you and the participant(s). The career facilitator has a dual role of helping you and the participant with any concerns. The Career Facilitator will be visiting worksites on a frequent basis.

Worksite Career Facilitator: _____

Email Address: _____ **Phone #:** _____

E. SAFETY: All work performed by the WIOA Youth ETP participants must comply with Federal, State and local laws governing health, child labor, safety and the Federal Regulations concerning WIOA Employment and Training. If you are in doubt of what constitutes compliance, consult with your career facilitator before assigning work; particularly any work involving the use of power tools and electrical equipment i.e. power saws, lawn mowers, etc...

F. ACCIDENTS AND ILLNESS: WIOA Youth ETP participants are covered by Worker's Compensation for accidents or injuries, which occur while working. You will be given a list of designated doctors to use in case of accidents or injuries (commonly referred to as the PINK List). Please post this list in a conspicuous place so that the participants can see it. The participants have been instructed to immediately notify their worksite supervisor in case of injury or illness. The supervisor must contact their worksite career facilitator and notify him/her that an accident or illness has occurred. The participant will fill out **Employee's Report of Insurance** and at least one witness who observed the accident or illness take place will fill out a **Statement from Witness**. In case a participant refuses medical treatment the **REFUSAL OF MEDICAL CARE FORM MUST BE USED**. *(If participant is under the age of 18, a parent or legal guardian must sign the **REFUSAL OF MEDICAL CARE LETTER**)*

G. PARTICIPANT GRIEVANCES: Explain to the participants their rights to register a grievance. Participants are provided a written copy of the grievance procedures. If you and the participant(s) cannot resolve the grievance contact your career facilitator immediately. If the participant(s), worksite supervisor and career facilitator cannot resolve the grievance to the participant's satisfaction, the participant may request, in writing, an informal hearing with the Equal Opportunity Commission (EOC) Officer. After the meeting, if the participant is not satisfied, an appeal may be made to the Executive Director, MGCI.

H. DISCIPLINARY ACTIONS: If participant(s) commits an act such as poor work habits, poor job performances or other problems, supervisors should counsel participant(s). At a minimum, supervisor should discuss what the participant(s) did, how to correct the act(s) from happening again and then consequences if not corrected. If this does not have positive results and behavior does not improve, contact your career facilitator immediately for resolution.

I. TERMINATION: If a participant commits an act or repeated acts which you believe warrants termination or informs you of their intention to leave the program, please notify your worksite career facilitator immediately. In the case of poor work habits, poor job performances or other problems, you are requested to follow procedures established in section H of this document. Please talk to the career facilitator before terminating the participant.

V. WIOA WORKSITE MONITORING

WIOA ETP worksite will be monitored in accordance with WIOA sec. 122, the Governor's designated SWA (or appropriate State entity) and LWDA. The work-site supervisor must cooperate with any monitoring, or evaluation conducted by the U.S. Department of Labor, the Inspector General, the Governor's designated SWA or Employment and Training Division, and the Consortium ETP monitors. During the operational phase of the ETP, you should expect the Governor's designated SWA representatives and Consortium monitors to periodically review your work-site to insure compliance with program objectives and regulations as spelled out in the Work-site Agreement.

The monitoring process involves interviewing the participants and work-site supervisors concerning work activities, working conditions, work hours, attendance, and counseling procedures; and for supervised, safe and structured activities. The monitoring process is a means of assisting the Consortium staff in adequately administering the program and in planning and implementing new programs.

Monitoring work-sites is necessary in order to develop continuity in work-site development. Monitoring and evaluating work-sites can help identify optimal problems before they get out of hand; identify program elements that should be changed; and identify areas in which corrective actions should be taken. By using information gained from the work site monitoring evaluations, Consortium administrators are able to make changes in on-going programs and insure better future programs.

VI. PARTICIPANT EVALUATION

You are required to rate each participant's work performance on a bi-weekly basis. This evaluation is to be submitted as part of the completed pay period submittal (see section IV, part C). Please complete and sign the evaluation forms and discuss each participant's performance and progress, then have the participant sign the evaluation form. This evaluation informs the participant in which areas they are performing satisfactorily, what areas need improvements, and help keep the lines of communication open between yourself and the participant(s). The career facilitator will provide the "**Participant Evaluation Form**" to be used. See a sample "**Participant Evaluation Form**" on page 10.

(SAMPLE)
**Middle Georgia Consortium, Inc. Workforce
 Development System
 Participant Sign-In/Sign-Out Sheet**

Work-site:

County:

Worksite Supervisor:

Case Manager:

Pay Period: From:

To:

NOTE: A new Participant Sign-In/Sign-Out Sheet must be completed for each pay period. Each person participating in a work-experience or OJT activity must have a separate individual sign-in sheet completed. Each participant must also be allowed to take a lunch break during the workday.

Participant's Name	Date	Day of Week	Time In	Time Out for Lunch	Time In from Lunch	Time Out	Total Hrs worked/trained for the day
		Mon					
		Tues					
		Wed					
		Thu					
		Fri					
		Sat					
		Mon					
		Tues					
		Wed					
		Thu					
		Fri					
		Sat					
Supervisor: Please total the hours the participant has worked/trained for the two-week period.							

Middle Georgia Consortium, Inc.
WIOA Workforce Development System
Youth Time Sheets for Client Paid Wages

For The Pay Period:

_____/_____
 From (Date) Through (Date)

Client Name: _____

Client ID # _____

Client Mailing Address: _____
 Street or P. O. Box City State ZIP

Worksite Name, Address & Phone #: _____

Rate of Pay: **8.00** Job Title: _____

Round all hours to be paid to the closest quarter hour.

Hours Worked - Week 1			Hours Worked - Week 2		
Day	Date	Hours to be Paid	Day	Date	Hours to be Paid
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
Saturday			Saturday		
Sunday			Sunday		
Subtotal Week 1			Subtotal Week 2		

TOTAL HOURS TO BE PAID FOR THE PAY PERIOD: _____

Time sheets must be received in the Consortium, Inc. office no later than 5:00 p.m. on Monday following the end of the pay period. Time sheets received after that deadline will be paid the following pay period. Checks cannot be released until all original signatures are obtained below. For time sheets properly signed, checks will be mailed to the address shown above on Thursday following the end of the pay period.

_____/_____
 Client Signature for Verification of Hours Worked/Paid Date

_____/_____
 Client Signature for Receipt of Check (If applicable) Date

_____/_____
 Work site supervisor signature certifying that this time sheet is a correct statement of attendance by the client and that work was not performed in sectarian or political activities during this period. Date

_____/_____
 MGCI Employee Signature Receipt of Timesheet Date

MGC Use Only:
 Check #: _____ Date Mailed: _____ Initials: _____

 Date

**Middle Georgia Consortium, Inc.
Workforce Development System
Participant Evaluation Form**

Participant Name: _____

County: _____

Evaluation Period: From: _____

To: _____

Worksite Name: _____

Case Manager: _____

Using the scale below - please evaluate the participant on his/her job performance for each pay period.

Scale:	4 - Very Good 3 - Good 2 - Fair 1 - Needs Improvement 0 - Poor	Rating
Appearance:	Neat and appropriate dress.	
Common Sense:	Good judgment; appropriate behavior.	
Initiative:	Self motivated; requires little supervision; effective use of time.	
Tact:	Courteous and respectful; get along well with others.	
Quality of Work:	Includes ability to follow instructions; care of equipment; completeness and neat.	
Attitude:	Job interest; receives constructive criticism; pleasant disposition.	
Attendance/Punctuality:	Good attendance, promptly calls ahead of time when an emergency arises which prevents his/her coming to work/training.	
Dependability:	Reliable, trustworthy; conforms to applicable rules and work standards.	
Progress:	Aptitude for learning new work; retention of skills, growth and maturity.	
Total Score		

Comments: _____

I certify that I have seen the above evaluation of my job/training performance and I agree to make improvements where needed.

Participant Signature: _____ Date: _____

Evaluating Supervisor's: Signature: _____ Date: _____

Worksite Application

A. County: _____
Worksite Name: _____
Worksite Address: _____
City/State/ZIP: _____
Contact Person(s): _____
Telephone No.: _____ FAX No.: _____
Email Address: _____

B. Worksite Location (if different than above):

County: _____
City/State/ZIP: _____
Telephone No.: _____ FAX No.: _____
Contact Person(s): _____
E-Mail Address: _____

C. Business Classification: (Check One):

- | | |
|---|---|
| <input type="radio"/> Local City/County Government | <input type="radio"/> Private or Public, For-Profit |
| <input type="radio"/> State or Federal Government | <input type="radio"/> Faith Community Organization |
| <input type="radio"/> Private or Public, Non-Profit | <input type="radio"/> Community-Based Organization |

D. Agency Experience as a Worksite (Check One)

- | | | |
|---------------------------------------|---------------------------------|--|
| <input type="radio"/> New Application | <input type="radio"/> 3-5 Years | <input type="radio"/> 10 or More Years |
| <input type="radio"/> 1-2 Years | <input type="radio"/> 6-9 Years | <input type="radio"/> Not Sure |

E. Mission Statement: (Briefly describe the purpose and function of your agency and the community benefits that are to be derived from your agency's participation as a Worksite.)

JOB DESCRIPTION

POSITION(S) DESCRIPTION(S) AND WORK SCHEDULES

A. Position/Job Title: Please copy and complete this page for each different position/job title requested. You may attach a job description(s) for each position.

Position/Job Title _____ **# of Participants Requested** _____

Supervisor/Name & Title: _____

Alt. Supervisor/Name & Title: _____

List the skills desired or required upon referral: _____

Describe alternate work assignments due to inclement weather: _____

Job Duties: _____

Work Experience Goals: _____

B. Work Schedule: Enter planned weekly work schedule for the WIOA participant.

* Participants who participate in our program and are defined as **Out-of-School** youth may work up to 6 hours/day, 30 hours/week (FUNDING PERMITTING). Participants who participate in our program and are defined as **In-School** youth may work up to 4 hours/day, 20 hours/week (FUNDING PERMITTING). Evening and weekend schedules are allowed, provided it is in keeping with the Georgia Child Labor Laws, the participant has satisfactory transportation and adequate supervision. (Participants are not paid for time not worked, such as lunch breaks, sick leave or holidays.) **Hourly Wage: 8.00/hour**

**** During Summer months, school breaks/vacations additional hours may be added to either the Out-of-School and/or In-School youth funding permitting and PRIOR approval from Consortium.**

Day of the Week	Begin Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

C. Permanent Job Opportunities: Indicate the likelihood of permanent unsubsidized (fulltime or part-time, seasonal or as needed) employment to those participant who successfully meet or exceed performance.

____ Likely to be Considered

____ Not Likely to be Considered (Give Reason)

D. Worksite Environment/Accessibility: Briefly describe the environment in which the WIOA participant will be assigned to work. Indicate your agency's accessibility to main roads or public transportation, accommodation for disabled persons, etc. Include any activities which are prohibited.

E. Funding Source(s): Please indicate the sources of funds received to operate your agency and tell us whether or not you are likely to have funds available to coordinate the provisions of services to WIOA-eligible participants in your community. Include any "in-kind" services which your agency may be willing to provide.

F. As the Worksite Supervisory, I agree to:

- Provide meaningful duties for participants to perform.
- Provide adequate supervision for the entire duration of the participant's participation.
- Submit bi-weekly time and attendance records and participant evaluation for each participant assigned to the worksite in accordance with the Consortium's payroll policies and procedures.
- Report any violations of the program participation requirements to the Consortium as soon as I become aware of them.
- Assist the Consortium's case management staff in identifying resources with the community which will adequately address the ten program elements required for the participant services to be funded under the Workforce Innovation and Opportunity Act (WIOA).
- Ensure that participants assigned to the worksite who are required to attend basic skill remedial activities are attending as scheduled.

Worksite Supervisor's Typed or Printed Name

Alt. Worksite Supervisor's Typed or Printed Name

Worksite Supervisor's Signature

Date

Alt. Worksite Supervisor's Signature

Date

YOUTH PROGRAM WORK EXPERIENCE – WORKSITE SUPERVISOR ORIENTATION

Supervisor Name: _____

Alt. Supervisor Name: _____

Alt. Supervisor Name: _____

An orientation containing the following information has been presented to the above supervisor.

- 1) Participant safety and health:
 - All CDC guidelines regarding COVID-19 must be followed at all times. The supervisors are familiar with the child labor laws and the jobs Youth are/are not allowed to perform based on their age. In case of an emergency, contact the Career Facilitator immediately. Be familiar with the “First Report of Injury” form for worker’s compensation and ALL safety procedures for your worksite. If applicable, work permits are on file.
- 2) Participant training requirements & skills levels:
 - Youth who are being placed into work experience slots are unskilled and in need of training.
- 3) Participant Selection:
 - Participants who enter the program must be eligible according to certain requirements. However, if you would like to play a role in who is placed at your worksite, please contact the Career Facilitator.
- 4) Supervision Requirements:
 - Participants require supervision at all times. One of the persons listed above must be present at all times. It is **highly recommended** that youth working more than 4 hours in one day, must take a 30 minute break. No participant is allowed to work more than 30 hours in one week as an Out-of-School Youth and no participant is allowed to work more than 20 hours in one week as an In-School Youth.
- 5) Paperwork Requirements:
 - **Timesheets** - Timesheets cover a two week period. Timesheets are to be signed by the participant as they sign in and out on a daily basis. Employers must sign timesheets at the end of the pay period to verify the hours are correct. No one is allowed to sign in or out for a participant.
 - **Worksite folders** - The supervisor will be provided a folder with certain information in it. The folder is to remain on site at all times during the participant’s work experience training. The folder should be accessible to the Career Facilitator at all times. Nothing should be removed from the file
 - **Required posters** - If not already posted, the Career Facilitator will provide the employer with certain posters which must remain posted at all times during the participant’s work experience training.
- 6) Problems:
 - If a problem arises with the youth employed at your worksite, please call the Career Facilitator. Any problems will be handled in a timely manner. We request that you do not fire a Youth that you are having trouble with. If the matter cannot be resolved we will remove the Youth from your worksite.

Signature: _____ Date: _____
Employer Representative

Signature: _____ Date: _____
Employer Representative

Signature: _____ Date: _____
Employer Representative

MIDDLE GEORGIA CONSORTIUM, INC.
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
NON-FINANCIAL WORKSITE AGREEMENT
SIGNATURE PAGE

Amendment No. _____

Number of Position(s): _____

This agreement entered into as of this _____ day of _____ by and between the **Middle Georgia Consortium, Inc.** hereinafter referred to as the **WORKFORCE INNOVATION AND OPPORTUNITY ACT Agent, (WIOA)** and, _____ hereinafter referred to as the **Worksite**. Pursuant to Section 129 of the Workforce Innovation and Opportunity Act, Public Law 113-128, July 22, 2014 and Federal Regulations at 20 CFR 681.100 – 681.710, this agreement is made to provide for the implementation of work experience and on-the-job worksites of the Workforce Innovation and Opportunity Act (WIOA) hereinafter referred to as the Program.

This agreement includes the following attachment which is, by the reference, incorporated herein:

Workforce Development Worksite Application

The functions of this agreement shall become effective on the _____ day of _____ 2021 and shall terminate the _____ day of _____ 2021.

WORKSITE:	WIOA AGENT: MIDDLE GEORGIA CONSORTIUM, INC. 124 OSIGIAN BLVD., SUITE A WARNER ROBINS, GA 31088
BY SIGNATURE:	BY SIGNATURE:
DATE:	DATE:
TYPED NAME:	TYPED NAME: Darrell Stillings
TITLE:	TITLE: Executive Director
WITNESS:	WITNESS:

WORKSITE RESPONSIBILITY:

The Worksite shall be responsible for;

1. SUPERVISION:

- a) Adequate supervision to each participant, including providing a substitute supervisor in the absence of the regular supervisor.
- b) Assuring that direct supervisors are provided orientation regarding their duties and their responsibilities to the program and to participants.
- c) Assuring that a satisfactory supervisor to participant ratio is maintained.
- d) Providing a bi-weekly Performance Evaluation on each participant assigned to the Worksite as prescribed by the Consortium.
- e) Immediate notification will be provided to the Case Manager when a participant is in need of counseling or assistance to remain on the job, or experiencing payroll problems.
- f) Immediate notification will be provided to the Case manager when a participant quits or it is necessary to terminate the participant's services.

2. TIME AND ATTENDANCE

- a) Auditable accountability for participants' time and attendance through use of time and attendance records as prescribed by the LWDA, which will report the following:
 - i. Timesheets submitted on a bi-weekly basis;
 - ii. Participant's name and name of worksite;
 - iii. Times reporting to and leaving from Worksite on a daily basis; total hours worked by day and week (to be computed by Worksite's Supervisor);
 - iv. Supervisor signature and date attesting to accuracy of participant information.
 - v. Daily sign in and out signatures of participants (time clocks allowed);
 - vi. Retention of time and attendance records as prescribed by the Consortium Worksites will be responsible for any overpayments which may occur as a result of erroneously prepared timesheets submitted to the Consortium.
 - vii. Participants should not be scheduled to work more than thirty (30) hours per week (OSY) and twenty (20) hours per week (ISY). The Worksite will be responsible for compensation of wages earned in excess of thirty (30) hours per week (OSY) and twenty (20) hours per week (ISY).

Assuring that time reported will only be for hours worked. Participants will only be paid for hours worked at the rate of \$8.00 per hour. The Consortium's policy is that the Worksite maintain adequate accountability for the time and attendance records of all Workforce Development Program participants at the Worksite; that time worked by each participant will be accurately verified and reported, and participants will be paid only for hours actually worked, and in no instance participants will be paid for recreational activities, lunch hours, breaks, or absences.

3. WORKING CONDITIONS

- a) Preparing a worksite description and a brief job description for each different job under which participants will be employed (See Worksite Application)
- b) Assuring that sufficient meaningful work, which does not supplant services presently being performed by the Worksite, is available to occupy the participants during designated workhours.
- c) Assuring that participants will be assigned to a safe and healthy work environment and that all.

Worksite Initial _____

- d) work performed is in accordance with applicable child labor laws. The participant shall not be required or permitted to work, be trained, or receive services in buildings or surroundings or under working conditions which are unsanitary, hazardous, or dangerous to the participant's health or safety.
- e) Assuring that sufficient equipment and materials are on hand for the participants to accomplish their jobs.
- f) Assuring that participants placed at recreational worksites will not be permitted to participate in recreational activities, except in a supervisory capacity.

4. ADDITIONAL ASSURANCES

The Worksite will ensure that it will comply with applicable State laws and will adhere to the following rules and regulations:

- a) Non-discrimination and Equal Opportunity Requirements (29 U.S.C. § 3248 and 29 C.F.R. § 38 and 29 C.F.R. § 38.54(d)(2)(ii)):

As a condition to the award of financial assistance under Title I of WIOA, the Worksite assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I— financially assisted program or activity;
- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The Worksite also assures that it will comply with 29 CFR part 38 and all other regulations implementing the laws listed above. This assurance applies to the Worksites operation of the WIOA Title I-financially assisted program or activity, and to all agreements the Worksite makes to carry out the WIOA Title I—financially assisted program or activity. The Worksite understands that the United States has the right to seek judicial enforcement of this assurance.

- b) Employee Displacement:

That no regular unsubsidized employees are discharged or have their non-overtime hours reduced or have cancelled any valid contracts for services for the purpose of hiring participants. Nor will regular, unsubsidized employees be discharged solely for the purpose of hiring the employees through the Consortium.

Worksite Initial _____

c) Political or Religious Activities:

That no WIOA job will be filled based on political patronage, nor will participants be required to engage in partisan politics, nor will participants be permitted to work in or be out-stationed in any position involving political activities.

That no participants will be employed or engaged in any religious or anti-religious activities, including those activities of sectarian elementary or secondary schools. Participants will not be employed in or be present in any rooms or areas where prayers are recited, hymns are sung or religious instructions given: this would include churches, halls, rooms, auditoriums, cafeterias, etc. Also, participants will not be employed on the construction, operations, or maintenance of any facility that is used or will be used for sectarian instruction or is a place of religious worship.

d) Nepotism:

That no participant will be placed into or remain working in any position if a member of that person's immediate family is engaged in selection, hiring, placement, and/or supervisory responsibility.

e) Union Organizing:

That no WIOA participant will be placed into or remain working in any position which is affected by labor disputes involving a work stoppage, where such work stoppage occurs during the period of this agreement.

f) Work Permits:

Participants 16 years of age or under will have an Employment Certificate (work permit). Instructions on how to complete an Employment Certificate can be found at the Georgia Department of Labor website <https://dol.georgia.gov/child-labor-employment-certificate-instructions>. The original is to be retained by the employer with copies furnished to the worksites, school and the Georgia Department Child Labor Section.

5. DISPUTES:

- a) The Worksite agrees to attempt to resolve disputes arising under this agreement by administrative process and negotiations in lieu of litigation. Continued performance during disputes is assured.
- b) Any dispute concerning a question of fact arising under this Agreement which is not settled by informal means shall be decided by the Consortium's authorized representative, who shall reduce decision to writing and mail or otherwise furnish a copy thereof to the Worksite.
- c) In connection with any appeal proceeding under this clause, the Worksite shall be afforded an opportunity to be heard and to offer evidence in support of its appeal. Pending final decision of a dispute hereunder, the Worksite shall proceed diligently with the performance of the Agreement and in accordance with the Consortium's decision;
- d) This "Disputes" clause does not preclude consideration of law questions in connection with decisions provided above. Provided that nothing in this Agreement shall be construed as making final decision of any administrative official, representative, or board on a question of law.

6. TERMINATION:

The performance of work under this Agreement may be terminated by the WIOA Agent in whole or in part for either of the two (2) following circumstances.

Worksite Initial _____

We Are An Equal Opportunity Employer/Program with Auxiliary Aid and Services Available upon Request to Individuals with Disabilities Revised 12/7/2020

- a) Termination for Cause. The WIOA Agent may terminate this Agreement when it has determined that the Worksite has failed to provide any of the services specified or comply with any of the provisions contained
- b) in this Agreement. If the Worksite fails to perform in whole or in part under this Agreement, or fails to make sufficient progress so as to endanger performance, the Consortium will notify the Worksite of such unsatisfactory performance in writing. The Worksite has ten (10) days from date of notice.
- c) Termination for Convenience. This Agreement may be terminated by either party upon ten (10 days) prior written notice by the other party. The Worksite shall not incur new obligations for the termination portion of the Agreement after the effective date of the termination, and shall agree upon a disposition and settlement.

7. MONITORING, EVALUATION, AND AUDIT:

The Worksite agrees to cooperate with any monitoring, evaluation, and/or audit conducted by the Middle Georgia Consortium, Inc., Department of Labor, State of Georgia, Inspector General, or their designees.

Worksite Initial _____

EMPLOYEE'S REPORT OF INJURY FORM

Employee's Name: _____

Address: _____

City, State & Zip: _____ Phone Number: _____

Date and Time of Accident: _____

Equipment Involved: _____

Regular Job Assignment: _____

Accident Reported To (Name and Title): _____

First Aid Administered By (if applicable): _____

Hospital Referred To (if emergency): _____

Doctor Referred To (if non-emergency): _____

How did the accident occur? _____

Describe the injury in detail and indicate what part of the body was affected:

Could this accident been prevented? Yes No

Explain: _____

Employee's Signature: _____ Date _____

Parent Signature (If Employee is Under Age 18) _____ Date _____

STATEMENT FROM WITNESS FORM

Name of Employee Injured:

Date and Time of Accident:

Name of Witness:

Address of
Witness

Street or PO Box

City

State

Zip

Phone #: _____

Employer: _____

Please describe in detail the accident or injury:

I attest that the above facts are accurate and factual to the best of my knowledge.

Signature: _____ Date: _____

REFUSAL OF MEDICAL TREATMENT FORM

I, the undersigned, have been offered medical treatment and declined. In refusing to seek medical treatment, I am aware that this action could affect the outcome of my workers' compensation coverage and payment of any future medical bills.

This has been explained to me and I fully understand.

Signature of Employee

Date

Witness (Name and Title)

Date

Parent or Legal Guardian (if employee is under age 18)

Date

**EMPLOYEE ACKNOWLEDGEMENT OF THE PINK PANEL OF
PHYSICIANS FOR WORKERS COMPENSATION**

I, _____
(Print Employee's Name)

Acknowledge and understand that my place of work utilized an approved panel of physicians to treat any work-related injuries under our worker's compensation coverage.

I understand that I am to report all work related injuries immediately to my supervisor, and that I am to seek medical treatment from the approved physician listed on the pink panel of physicians, posted at my work place.

In an emergency, I understand that I should seek immediate medical treatment. As soon as practicable, I should then contact my supervisor and seek medical treatment within the posted panel of physicians.

The selection and use of the posted panel of physicians has been explained to me.

I acknowledge that there is a Bill of Rights posted with the pink physician's panel (WC-P1), for my use when selecting a physician.

Employee Signature

Date

Supervisor Signature

Date

All employees are required to sign this acknowledgement. It should then become a part of the employee's permanent file.