

**WIOA WORK EXPERIENCE ACTIVITIES
WORKSITE EXPECTATIONS REVIEW**

Employer of Record Name:

Worksite Name:

WORKSITE INFORMATION

Worksite Address:	Worksite Supervisor:	Telephone Number:
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Start Date:	# of Authorized Work Hours/Week:	To report absence or tardiness call:
End Date:		

Safety and Emergency Evacuation protocols discussed on:

WORK EXPERIENCE INFORMATION

Job Title:	Duties:
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Work Schedule	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Start Time – End Time							
Break Times:							

I have reviewed all the information within this Worksite Expectations Review Form and agree and adhere with the work schedule noted above. I also have received a copy of the Worksite Supervisors Manual Handbook including the ADA Checklist during the orientation.

Worksite Supervisor Printed Name:

Worksite Supervisor Signature: **Date:**

YOUTH INFORMATION

Name:	Date of Birth:
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Age	If youth is under the age of 18 a valid work permit must be on file.	Phone:	E-Mail:
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I have reviewed all the information within this Worksite Expectations Review form and understand the activities in which I will participate in as part of my involvement in the WIOA Work Experience Activities. I understand my work duties and the number of authorized work hours.

Participant Signature: **Date:**

If under 18, Participant's Parent/Guardian Printed Name:

Participant's Parent/Guardian Relationship:

Participant's Parent/Guardian Signature: **Date:**

Agency Staff Printed Name:

Agency Staff Signature: **Date:**

Note: A new form must be completed each time there is a change in the Worksite or Work Experience information