



**DeKalb Workforce Development
Subsidized Work Experience Worksite Agreement**

This Worksite Agreement contains contractual information that governs the operation, practices and policies of subsidized employment as funded through Workforce Investment Act (WIA) and DeKalb Workforce Development. The agreement, once signed, cannot be changed, except in writing.

Agency Information

DeKalb Workforce Development

320 Church Street
Decatur Georgia 30030
Mary Gilbert
404.371.2316,
Fax: 404.687.3443

Administrative Contact/Title

Number: _____

E-Mail address: _____

Worksite Information

Agency Name _____

Address: _____

Administrative Contact Information

Name of Participant's Direct Supervisor _____

Supervisors Direct Number _____

Supervisor's E-mail Address _____

Worksite Responsibilities

I, _____, being the duly authorized representative of the above named worksite, do hereby agree to the following provisions of the Subsidized Work Experience Program.

1. Provide ____ qualified supervisor(s) for no more than ____ participants to work a total not to exceed 25 hours per week for ____ weeks. This Work Experience Agreement is in effect from _____ to _____.

The participant's work schedule is:

Monday: _____ to _____ with _____ minutes for lunch

Tuesday: _____ to _____ with _____ minutes for lunch

Wednesday: _____ to _____ with _____ minutes for lunch

Thursday: _____ to _____ with _____ minutes for lunch

Friday: _____ to _____ with _____ minutes for lunch

The County Payroll period begins a 12:01 AM Saturdays and ends 12:00 Midnight on Fridays

2. Provide qualified supervisor(s)
 3. Provide evaluations on participant(s), as required
 4. Provide the following assurances:
 - a. A safe, healthy work environment will be maintained
 - b. Adequate supervision will be provided and a substitute supervisor will be provided in the absence of the regular supervisor
 - c. That time and attendance records will be maintained according to the prescribed policy. Participants will be paid only for hours worked. Attendance policies and behavioral rules will be strictly enforced, and in a manner consistent with those of regular employees of the Worksite agency.
 - d. That all direct supervisors will receive orientation regarding their responsibilities to the program and participants
 - e. That participants not be involved in sectarian activities
 - f. That the worksite comply with the provisions of the Workforce Investment Act regulations (WIA) and Georgia Child Labor Laws, if applicable.
 - g. That sufficient work will be provided, and adequate equipment and materials will be available for performance of the work
 - h. That participants not be paid for recreational activities
 - i. That supervisors meet periodically with the DWD liaison periodically to discuss concerns, and professional development of participants
 5. Provide a written job description that will be attached to this Worksite Agreement
 6. Provide DWD with two evaluations of the participant's skills/competencies attainment, using Attachment D.
 7. For those worksites that require outside activities, a contingency plan in the case of inclement weather must be described below:
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Note: DWD has established a mandatory attendance policy for all participants. Any unexcused absence from work must be reported to the DWD liaison. Make up time will not be allowed for unexcused absences.

DeKalb Workforce agrees to the following provisions:

1. The selection, enrollment and payment of participants
2. Participant attendance shall be recorded and kept in accordance with DWD payroll procedures. DWD will be responsible for providing payroll services while the participant is in the Work Experience Program. Timely paychecks are contingent upon receipt of participant time sheets according to the attached schedule.
3. A structured, face to face orientation of all direct supervisors before the start of the program to ensure that the supervisors understand their respective responsibilities prior to assuming responsibility for participants.
4. Provide a participant orientation to each participant prior to the beginning of work experience.
5. Assist with counseling if participant and or worksite request it.

Alternate Supervisor Information

An alternate supervisor(s), or other person, who will assign daily tasks in the absence of the direct supervisor named above, must be listed below. At least one other person, must sign in the space below.

Printed Name	Title	Phone Number	E-mail address
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I attest that I have been given an orientation regarding the responsibilities and policies that govern the WIA Funded Work Experience Program. My signature below indicates that I accept responsibility as the alternate supervisor for the worker(s) contracted for in this agreement.

Signature and Date

Agency Representative Signatures

DWD Liaison

Worksite Agency Director or Assignee

Date

Participant Supervisor (if different from above)

Date

Note: Participants cannot begin work until the Worksite Agreement is completed and the direct supervisor has received an orientation



**DWD SUBSIDIZED WORK EXPERIENCE
WORKER REQUEST FORM**

Name of Worksite _____

Name of Contact Person/Title _____

Name of Participant's Direct Supervisor _____

Address of Worksite _____
Street City Zip

Worksite telephone # _____ Fax # _____

Contact Person Telephone # (if different from above) _____

Number of Workers requested _____

Job Title (Attach a job description for each job title) _____

Tentative weekly work schedule _____

Youth may work up to 25 hours per week for 10 weeks.

Please answer the following and provide details if necessary:

Is the worksite accessible via MARTA? Yes No Bus # _____

Will worker(s) be required to participate in field trips or otherwise work offsite?
 Yes No

If Yes, explain _____

Will you require an interview? Yes No

List any other specifics, job requirements, etc. _____

**PLEASE RETURN THIS FORM, ALONG WITH A COMPLETE JOB DESCRIPTION
TO:**

ATTN: Mary Gilbert
DeKalb Workforce Development
(Phone) 404/371-2316
(Fax) 404/687-3443
(Email): mjgilbert@co.dekalb.ga.us