**WORK EXPERIENCE**



**WORKSITE AGREEMENT**

**American Rescue Plan Act (ARPA)**

This Agreement is being made to provide a work experience/internship to eligible individuals funded under the American Rescue Plan Act (ARPA). Under this Agreement, participants will be provided a short-term work experience, which is valuable and meaningful for both the participants and the organization/worksite.

Work experience job assignments will be consistent with each participant’s capabilities and interests and in an occupational field/specific job in which he/she has minimal or no prior work experience. Work experience job assignments are expected to aid individuals in the development of skills, experience, and work habits necessary to succeed in the workplace, which will assist the participant in obtaining unsubsidized employment in the future.

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

1. There will be sufficient, meaningful work with necessary equipment/materials, to keep participants fully occupied during working hours and be appropriate and reasonable with regards to the type of work undertaken and the proficiency of the participant;
2. Work will be conducted in a safe and sanitary work environment and in compliance with all applicable federal, state, and local laws (included but not limited to the Civil Rights Act, Fair Labor Standards, Hatch Act, health, safety, and child labor laws);
3. There will be adequate full-time supervision of each participant by qualified supervisors who will review the participants time and attendance and complete performance evaluations;
4. All parties will participate in the development of the job description/training plan for the participant that will not exceed 30 hours per week and will maintain open communication regarding progress;
5. The NCWorks Service Provider will provide Worker’s Compensation Insurance to cover participants engaged in internship/work experience at a worksite and handle all aspects of payroll processing and payment of wages at the prevailing entry wage for that occupation in the community (cannot be less than NC or federal minimum wage);
6. The participating Worksite agency will notify the staff if difficulties arise which the Worksite supervisor and participant are unable to resolve. Staff will attempt to find a mutually satisfactory solution and may recommend termination/transfer of the participant if the situation or problem is not resolved;
7. All requirements, rules and regulations governing the ARPA Work Based Learning program will be upheld;
8. Participants will not be employed to carry out the construction, operation or maintenance of any part of a facility that is used or to be used for sectarian instruction or as a place for religious worship, or be required to participate in religious activity;
9. Participants will not be placed in positions if a member of his/her family is engaged in an administrative capacity with the employer, including a person with selection, hiring, placement, or supervision responsibilities of the trainee;
10. 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;
11. The Worksite certifies that neither the employing company nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation by any federal department or agency;
12. No 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 program, or (C) the job is created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers;
13. Equal Opportunity and Nondiscrimination: The Worksite agency assures that it will not discriminate against any individual in the US on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, or gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, and against any beneficiary of, applicant to, or participant in programs financially assisted under WIOA, on the basis of the individual’s citizenship status or participation in any WIOA Title I financially assisted program or activity; and
14. This agreement will be maintained at the worksite and available for review by federal, state, service delivery agent and program operator monitors. It is mutually understood and agreed that the worksite may be monitored by the Workforce Development Board, NC Division of Workforce Solutions, the US Department of Labor, and/or the US Department of Treasury. In the event of modifications to the agreement/training plan, the worksite will notify the NCWorks staff for a modification.

**SUPERVISION**: All worksite supervisors must be experienced in the work to be performed by the participant and in supervising entry-level employees. Worksite supervisors should model, encourage, and expect participants to demonstrate good working habits, satisfactory job performance, and positive attitudes about work.

It is the responsibility of the NCWorks Service Provider to orient each worksite supervisor to the Work Experience Programs, assure his/her attendance at a supervisor’s orientation prior to the placement of participants at the worksite and to provide the supervisor a copy of this Agreement.

**TIME ATTENDANCE, COMPENSATION, EVALUATION**: Accurate time and attendance records will be kept by the supervisor on each participant and will reflect the time actually worked by the participant. Participants will not be paid for absences, unworked hours, or breaks greater than 30 minutes. **Under no circumstances should any participant work over 30 hours in a week.** Using time sheets provided by the service provider, participants shall record time actually worked. These timesheets should be maintained by the worksite supervisor. Time and attendance records will be signed at the end of each pay period by the participant and supervisor, whose signature will certify its accuracy. Worksite supervisors will also complete the provided participant evaluation on performance and progress of skills. Timesheets and evaluations will be picked up every two weeks for preparation of the payroll.

**PHOTO RELEASE**: Unless otherwise noted, I hereby authorize the use of my organization’s name and/or use of approved photos and quotes for promotional materials in print/video or online in regard to my participation with this work experience.

|  |
| --- |
| **Worksite Information** |
| **Worksite Name** |  |
| **Worksite Address** |  |
| **Worksite Supervisor** |  |
| **Supervisor Phone/Email** |  |
| **Participant Information** |
| **Participant Name** |  |
| **Participant Phone** |  |
| **Start & End Dates** |  |
| **NCWorks Staff Information** |
| **Staff Name** |  |
| **Staff Phone/Email** |  |

|  |
| --- |
| **Authorized Signatures** |
| **Worksite** |  | **Date** |  |
| **Participant** |  | **Date** |  |
| **NCWorks** |  | **Date** |  |



**WORK EXPERIENCE**

**JOB DESCRIPTION/TRAINING OUTLINE**

**American Rescue Plan Act (ARPA)**

**NOTE:** Each participant must have a job description/training outline completed. All participants will be trained in the job skills listed below and will also be provided basic employment/work readiness skills training.

|  |
| --- |
| **Section 1: General Information**  |
| Participant Name: |       | Job Title: |       |
| Worksite Name: |       |
| Worksite Address: |       |
| Supervisor Name: |       | Phone #: |       |
| Alt. Supervisor Name: *(if applicable)* |       | Phone #: |       |
| Estimated Work Schedule: *(Time/Hours)* | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|       |       |       |       |       |       |       |
| (For this position only – **cannot work over 30 hours in a week**) |
| Hourly Wage: | $      | Does this position require a background check? | [ ]  Yes [ ]  No |
| If so, has a background check been completed? | [ ]  NA [ ]  No |
| [ ]  Yes, provided by the Worksite |
| [ ]  Yes, provided by Service Provider |

|  |
| --- |
| **Section 2: Job Description** |
|       |

|  |
| --- |
| **Section 3: Participant Skills Set/Transferrable Skills** |
|       |

|  |
| --- |
| **Section 4: Identify Skills to be learned at worksite** |
|       |  |       |
|       |       |
|       |       |
|       |       |
|       |       |

**Job Description/Training Outline Developed by:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant Signature | NCWorks Staff Signature |
|  |   |
|  |  |
| Worksite Representative/Supervisor Signature | Date |

**WORK EXPERIENCE**



**WORKSITE SUPERVISOR ORIENTATION**

**American Rescue Plan Act (ARPA)**

***Below are important topics that will be explained to you prior to placement of participant(s) on site.***

*We thank you for your participation!*

**Worksite Location:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  |  1. Purpose of work experience  |
|  |  2. Worksite responsibilities |
|  |  3. Rights, benefits, and responsibilities of participants |
|  |  4. Hours of work *(days, weeks, holidays, etc.)* |
|  |  5. Reporting procedures |
|  |  6. Pay procedures |
|  |  7. Workers’ Compensation |
|  |  8. Nepotism |
|  |  9. Hatch Act (no political activity) |
|  | 10. No ARPA workers may be used to promote unionization |
|  | 11. Child Labor Laws *(if applicable)* |
|  | 12. Youth Employment Certificate/Work Permit *(if required)* |
|  | 13. Sectarian activities not permitted |
|  | 14. Equal employment opportunity |
|  | 15. EO or general grievance procedures (contact High Country Workforce Development Board: Rebecca  Bloomquist at Rebecca.bloomquist@highcountrywdb.com) |
|  | 16. Disciplinary/Termination procedure |
|  | 17. Worksite agreement |
|  |  A. Role of Supervisor |
|  |  B. Work assignments |
|  |  C. Monitoring |
|  |  D. Counseling visits |
|  | 18. Handling on the job injuries/accidents |
|  | 19. Handling problems at the worksite involving participants |
|  | 20. Completing Participant Progress Evaluation |

Orientation has been provided by the NCWorks ARPA Program Staff and has reviewed the above. I/We agree to provide adequate supervision to the placed participant at all times during their participation at this worksite.

Worksite Supervisor Signature Date

NCWorks Staff Signature Date



**WORK EXPERIENCE**

**PROGRESS EVALUATION**

**American Rescue Plan Act (ARPA)**

|  |  |  |
| --- | --- | --- |
| Participant: |       | Date Range: |
| Job Title: |       |  |
| Worksite: |       |  |

Directions: Worksite supervisor, please grade the trainee in each area and comment when needed. Please review the Progress Report with the trainee. Submit progress evaluation in conjunction with timesheets.

**Grade Scale**: **(E)** Exceeds Expectations **(S)** Satisfactory **(N)** Needs Improvement **(NA)** Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **E** **[ ]  S** **[ ]  N** **[ ]  NA** | Reports to work daily | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Maintains positive attitude |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** | Is on time for work | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Dresses appropriately |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** | Calls in if late or absent | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Leaves when scheduled |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** | Cooperates with fellow employees | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Follows worksite rules |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** | Accepts responsibility for assigned duties | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Maintains interest and enthusiasm  |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** | Uses good time management techniques | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Accepts constructive criticism |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** | Completes assignments in a timely manner | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Reports to work neat and clean |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** | Keeps breaks/meals to allotted time | [ ]  **E [ ]  S [ ]  N [ ]  NA** | Demonstrates honesty and integrity |

**Using the same grade scale above, grade the trainee’s progress in learning and performing the identified job skills to be learned below. If skills have not been learned at this time, please mark NA.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade** | **Job Skill To Be Learned** | **Grade** | **Job Skill To Be Learned** |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** |       | [ ]  **E [ ]  S [ ]  N [ ]  NA** |       |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** |       | [ ]  **E [ ]  S [ ]  N [ ]  NA** |       |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** |       | [ ]  **E [ ]  S [ ]  N [ ]  NA** |       |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** |       | [ ]  **E [ ]  S [ ]  N [ ]  NA** |       |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** |       | [ ]  **E [ ]  S [ ]  N [ ]  NA** |       |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** |       | [ ]  **E [ ]  S [ ]  N [ ]  NA** |       |
| [ ]  **E [ ]  S [ ]  N [ ]  NA** |       | [ ]  **E [ ]  S [ ]  N [ ]  NA** |       |

Comments/Observations *(strengths, weaknesses, improvements, etc.)*

|  |
| --- |
|       |

Participant Signature Date

Supervisor Signature Date

###### WORK EXPERIENCE



**PARTICIPANT TIMESHEET**

**American Rescue Plan Act (ARPA)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Job Title: |       |
| Pay Period From: |       | to |       | WS Supervisor: |       |
| Worksite: |       |

***Note*:** Total hours should be recorded in **15-minute increments** ***{15 minutes = .25, 30 minutes = .50, and 45 minutes = .75)***.

**ALL** timesheets should be completed in ***INK, NOT PENCIL*** and ***NEVER USE WHITE-OUT*!**

**WEEK ONE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **Date** | **Start Time** | **Meal Break Time** | **End Time** | **Total Hours** |
| **Out** | **In** |
| SUN |       |  |  |  |  |  |
| MON |       |  |  |  |  |  |
| TUE |       |  |  |  |  |  |
| WED |       |  |  |  |  |  |
| THU |       |  |  |  |  |  |
| FRI |       |  |  |  |  |  |
| SAT |       |  |  |  |  |  |
| **TOTAL HOURS FOR WEEK #1** |  |

**WEEK TWO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **Date** | **Start Time** | **Meal Break Time** | **End Time** | **Total Hours** |
| **Out** | **In** |
| SUN |       |  |  |  |  |  |
| MON |       |  |  |  |  |  |
| TUE |       |  |  |  |  |  |
| WED |       |  |  |  |  |  |
| THU |       |  |  |  |  |  |
| FRI |       |  |  |  |  |  |
| SAT |       |  |  |  |  |  |
|  **TOTAL HOURS FOR WEEK #2** |  |
|  |  |
| **HOURLY RATE** | **$** | **TOTAL HOURS FOR PAY PERIOD** |  |
|  |  | **Total Gross Pay for Pay Period**  | $ |

|  |
| --- |
| I certify that the entries are an accurate representation of the participant’s time worked in this pay period. |
|  |  |  |
| Worksite Supervisor Signature | Date |
|  |  |  |
| Participant’s Signature | Date |

|  |
| --- |
| I have reviewed this timesheet and certify the hours worked appear reasonable and computed correctly. |
|  |  |  |
| NCWorks Program Staff Signature | Date |

**ARPA Work Experience Worksite Agreement Modification**

|  |  |
| --- | --- |
| Worksite Name: |       |
| Participant Name: |       |
| Modification Number  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 |

Work Experience Worksite Agreements may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:

* *To extend the end date of the work experience (not to exceed allowable hours/time per program year)*
* *To correct errors in the original agreement or job description/training outline*
* *To increase participant hourly rate*

The Worksite Supervisor and the NCWorks staff agree that this Worksite Agreement shall be modified as stated:

|  |
| --- |
|       |

Except as hereby modified, all other terms and conditions of this worksite agreement remain unchanged and in full force and effect.

The worksite supervisor and NCWorks Service Provider mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

|  |
| --- |
| **Authorized Signatures as Applicable**  |
| **Worksite** |  | **Date** |  |
| **Participant** |  | **Date** |  |
| **NCWorks** |  | **Date** |  |

**American Rescue Plan Act (ARPA)**

**Work Experience Staff Time Tracking Sheet**

|  |  |
| --- | --- |
| ARPA Program Service Provider: |       |
| ARPA Career Advisor: |       |
| Reporting Period: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day of the Week** | **Date** | **Time** | **Worksite/Organization** | **Purpose/Activity** | **Total Time** |
| **Monday** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **Tuesday** |  |  |  |  |  |
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|  |  |  |  |  |
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| **Wednesday** |  |  |  |  |  |
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|  |  |  |  |  |
|  |
| **Thursday** |  |  |  |  |  |
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|  |
| **Friday** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **TOTAL HOURS FOR THE MONTH SPENT ON WORK EXPERIENCE ACTIVITIES:** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  ARPA Career Advisor Signature |  | Date |



**EMERGENCY CONTACT INFORMATION**

**NCWORKS Work Experience**

**\*To be completed by participant and provided to worksite\***

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions/Allergies/Medicines:

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

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

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

1st Emergency Contact

Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact

Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In the event that a decision regarding medical treatment is needed, I authorize my worksite and/or NCWorks staff to seek medical treatment on my behalf. I also state that I am physically and mentally able to participate in the Work Experience program. I indemnify and hold harmless High Country Council of Governments (administrative entity), its trustees, officers, employees, including the staff and volunteers of the NCWorks Career Center/WIOA/ARPA service provider or my worksite from any liability arising directly or indirectly from my participation in the program.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18 Parent/Guardian

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_



American Rescue Plan Act (ARPA)

**WORK EXPERIENCE**

**PARTICIPANT AGREEMENT**

As a NCWorks participant participating in the Work Experience/Internship program, I understand that my placement at a worksite is temporary and is designed to assist me in career exploration; acquiring and improving work readiness and occupational skills; while gaining an understanding of proper workplace behavior. I understand that my placement is contingent based on my performance and the following assurances:

1. **ATTENDANCE**: Work schedules will be followed. In the event that it is necessary to be absent, tardy, or modify my schedule, I will call and make arrangements with my worksite supervisor and career advisor. Excessive tardiness or absences may result in termination.
2. **DRESS CODE**: I will follow the established dress code for my worksite. At a minimum the following is not allowed: no pants below the waist line; no shorts or tank tops; no clothing with foul/suggestive language, pictures or advertising alcohol or drugs; no tube tops; and no flip flops. Clothes should be neat and clean and appropriate for my work assignment.
3. **SAFETY:** I will follow health and safety rules and precautions that are set forth at the worksite and make use of worksite equipment and materials in a safe manner. In the event that safety equipment is required, it will be worn as dictated by the worksite. I will report any accidents to my supervisor.
4. **BEHAVIOR**: I will display appropriate behavior at the worksite to include positive attitude by respecting authority and coworkers; be courteous, friendly, and accept corrections; follow instructions while not wasting time or materials; display interest in work and perform a reasonable amount of work during the day. The following behaviors may result in termination: no call/no show; excessive tardiness/absences; swearing/fighting; failure to follow rules/instructions; poor attitude; insubordination; inappropriate visitors; possessing anything illegal or any illegal activities or intoxication; lying to your supervisor, career coach, or on your timesheet. When possible, the following steps will be used to correct inappropriate behaviors: 1) Verbal warning from supervisor/career advisor 2) Written documentation of the behavior on evaluation 3) Termination of work experience.
5. **CELL PHONE/USE OF SOCIAL MEDIA**: Cell phones/electronic devices are not to be used on the worksite during working hours or as established by the worksite. The use of social media (Facebook, Snapchat, Instagram, etc.) should not be used during working hours.
6. **TIMESHEETS/EVALUATIONS**: I will accurately record my time on the provided timesheet and submit to my supervisor every two weeks. I will also review my evaluations with my supervisor/career coach.
7. **EXPECTATIONS**: I understand that my work experience may be tied to other expectations related to education; staying in contact with my career advisor; attending work readiness training, etc. Failure to participate may result in termination.
8. **CONFIDENTIALITY**: I understand that during the course of my work experience, I may have access to confidential information regarding customers, clients, students, children, staff, or others receiving services from the worksite and that this information is considered sensitive and confidential. I will abide by confidentially rules and understand that information will not be revealed to anyone without proper authorization. I understand the improper release of confidential information may be grounds for termination.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worksite Location: |  |  | Start &End Dates: |  |
| SupervisorSignature: |  |  | Supervisor Phone: |  |
| Participant Signature: |  |  | Hourly Pay Rate: $ |  |
| NCWorks Signature: |  |  | Date ofSignatures: |  |