

**WIA TITLE 1B WORKSITE AGREEMENT**  
**(The Local Area 1 Workforce Investment Board is an Equal Opportunity Employer)**

Worksite: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

The period of the agreement shall be from: \_\_\_\_\_ to \_\_\_\_\_

Scheduled hours of work: Days per week \_\_\_\_\_ Hours per week \_\_\_\_\_ Maximum Hours \_\_\_\_\_

**The employing agency/worksite agrees to:**

- Assume supervisory responsibility for each enrollee while he/she is on the worksite; assuring a substitute supervisor will be available for times the regular supervisor is absent.
- Be aware that all immediate worksite supervisors will receive orientation as to their duties and responsibilities to the program and participants; the orientation to be provided by Local Area 1.
- Provide training that is necessary for the Participant to be placed in a training-related occupation.
- Provide a safe and healthy environment and to the provisions of child labor laws.
- Comply with all applicable laws, ordinances, codes of State, Federal, and local government as well as any special provisions pertaining to the WIA regulations; to be monitored by State, Federal, and Local Area Representatives.
- Be responsible for keeping accurate time sheets and attendance of each participant under your supervision and timely transmittal of time sheets to the WIA Case Manager, fully understanding that unworked hours or recreational activities are not to be reported for payment to the participant. Holiday pay is not provided. Overtime is prohibited.
- Assure that sufficient work will be available to occupy all participants during working hours; wages to be paid by WIA.
- Be informed that if Local Area 1's contract is terminated and/or funds for the program are not available, Local Area 1 shall thereupon have the authority to terminate any or all positions with the employing agent by serving written notice of the action and specifying the effective date thereof.

**Local Area 1 agrees to:**

- Monitor for proper supervision.
- Monitor hours worked to ensure participant does not exceed hours agreed upon by the employer and approved by the Area Administrative Office.
- Provide worksite supervisor orientation and information concerning Child Labor Laws.
- Provide participant orientation.
- Other: \_\_\_\_\_

**PARTICIPANT (S) NAME AND DATE OF EMPLOYMENT**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**DUTIES OF THE PARTICIPANT(S):**

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

**SKILLS TRAINING OBJECTIVES:**

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

Worksite Supervisor or Person Authorized to Sign for Employing Agency \_\_\_\_\_ Date \_\_\_\_\_

Alternative Supervisor \_\_\_\_\_ Date \_\_\_\_\_

WIA Case Manager \_\_\_\_\_ Date \_\_\_\_\_