



# HUMAN SERVICES WORKFORCE INVESTMENT ACT

*Employment and training services  
for Alpine and El Dorado counties.*

Funding Source : \_\_\_\_\_  
Agreement No.: \_\_\_\_\_

PLACERVILLE:  
Location: 3047 Briw Road  
Mailing: 3057 Briw Road  
Placerville, CA 95667  
(530) 626-4850  
Fax 626-9060

SO. LAKE TAHOE:  
981 Silver Dollar Avenue  
Suite 1  
SLT, CA 96150  
(530) 573-4330  
Fax 543-6826

## WORK EXPERIENCE WORKSITE AGREEMENT

EDC Human Services W.I.A. Case Manager: \_\_\_\_\_

This document constitutes a non-financial agreement between EDC Human Services W.I.A. and \_\_\_\_\_, a qualified private or public agency, to provide work experience as an activity of the Workforce Investment Act (WIA) Work Experience Training Program. One Worksite Agreement shall be completed for each trainee under the jurisdiction of that agency. The Supervisors' Manual is made a part of this Agreement by reference.

Worksite Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

This Agreement pertains to:

Trainee Name

Job Title

\_\_\_\_\_

\_\_\_\_\_

Social Security Number

The period of performance of the Agreement shall be from \_\_\_\_\_ to \_\_\_\_\_ The total number of hours contained in this Agreement shall be \_\_\_\_\_

### **EDC HUMAN SERVICES W.I.A. assures that they will:**

- 1) Provide wages
- 2) Provide fringe benefits limited to Workers' Compensation
- 3) Ensure that trainees have obtained the appropriate documents enabling them to participate in work experience
- 4) Provide orientation to both worksite supervisor(s) and trainee(s)



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### The **WORKSITE** assures that they will:

- 1) Provide a job description for each position requested. Job descriptions must be specific, describing the training the trainee will receive during their participation.
- 2) Provide a well-supervised work experience to WIA trainees who are employees of the EDC HUMAN SERVICES W.I.A. The maximum trainee/supervisor ratio will be 10:1. Trainees will be supervised at all times. All supervisors will be provided an EDC HUMAN SERVICES W.I.A.-conducted Supervisor Orientation. The worksite supervisor will complete a trainee progress evaluation every pay period (as part of the timecard).
- 3) Provide a drug-free workplace that is in compliance with 29 CFR, part 98.
- 4) Maintain and verify accurate attendance records and ensure hours are recorded only for time worked and EDC HUMAN SERVICES W.I.A.-approved release time. Trainees will be granted work release time for EDC HUMAN SERVICES W.I.A.-approved activities, such as scheduled employment interviews.
- 5) Ensure that trainees have sufficient duties to occupy their time, as well as materials and/or tools to perform job tasks. Sufficient duties will also be required as a supplement in case of "inclement weather".
- 6) Ensure that the working environment is safe and sanitary and in compliance with appropriate safety standards. The Worksite will maintain emergency information on trainees, including persons to notify in case of injury, illness or other emergency.
- 7) Ensure that an Injury and Illness Prevention Program, in compliance with California Code of Regulations 3203, has been adopted by the Worksite.
- 9) Comply with all labor laws, OSHA, the Workforce Investment Act and all regulations promulgated under the Act, including nondiscrimination regulations, nepotism provisions, lobbying or political activities, religious activities and all Federal and State statutes relating to employment.
- 10) Ensure that the work experience training shall not result in the displacement of currently-employed workers, including partial displacement, such as reduction in hours of non-overtime work, wages or employment benefits.



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- 11) Ensure that trainees do not work for a period of more than five hours without a meal break of at least 30 minutes and the meal break must be taken by the end of the fifth hour worked. However, if the trainee completes the workday in 6 hours or less, the meal break may be waived by mutual consent of the worksite supervisor and participant. If any trainee of any age works more than six hours in succession without a 30-minute minimum meal break the trainee will be terminated from the program without exception.
- 12) Make auxiliary aids and services available, upon request, to individuals with disabilities.

Worksite further assures that neither the Worksite Agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

This Agreement is subject to monitoring by the EDC HUMAN SERVICES W.I.A., State of California and the Department of Labor, and is contingent upon the availability of funds to the EDC HUMAN SERVICES W.I.A.

The County officer or employee with responsibility for administering this contract is the Director of Human Services or successor.

**TRAINEE:**

**WORKSITE REPRESENTATIVE:**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Typed Name and Title

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

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

**W.I.A. CASE MANAGER:**

**EDC HUMAN SERVICES W.I.A.:**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_, Program Manager  
Typed Name and Title

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

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

\_\_\_\_\_, Director of Human Services  
Typed Name and Title

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



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WORKFORCE INVESTMENT ACT**

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Funding Source : \_\_\_\_\_  
Agreement Number: \_\_\_\_\_  
Modification No.: \_\_\_\_\_

**WORK EXPERIENCE WORKSITE AGREEMENT**  
**MODIFICATION**

Worksite Agency: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Trainee: \_\_\_\_\_

The above-mentioned Work Experience Agreement is modification to reflect a change in:

The period of performance shall be from \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

The total number of hours shall be  increased /  decreased  
from \_\_\_\_\_ to \_\_\_\_\_  
Number Number

Job Title changed from \_\_\_\_\_ to \_\_\_\_\_

Other: \_\_\_\_\_

Reason: \_\_\_\_\_  
full days.

Except as amended, all terms and conditions of the Agreement remain unchanged and in full force and effect.

**TRAINEE:**

\_\_\_\_\_  
Typed Name

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

**W.I.A. CASE MANAGER:**

\_\_\_\_\_  
Typed Name

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

**WORKSITE REPRESENTATIVE:**

\_\_\_\_\_  
Typed Name

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

**EDC HUMAN SERVICES W.I.A.:**  
**, Program Manager**

\_\_\_\_\_  
Typed Name and Title

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

**, Director of Human Services**

\_\_\_\_\_  
Typed Name and Title

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