



# IMPERIAL COUNTY WORKFORCE DEVELOPMENT BOARD

2799 S. Fourth Street - El Centro, CA 92243 - Tel: (442) 265-4974 - Fax: (760) 337-5005

POLICY	ORIGINAL DATE	LAST REVISION
WIOA Adult and Dislocated Worker- Work Experience and Internship Policy	FISCAL YEAR 2020-2021	July 15, 2020

## **POLICY OVERVIEW:**

The purpose of this policy is to provide guidance and criteria to be used by the Imperial County Workforce Development Board (ICWDB), the Imperial County Workforce and Economic Development Office (ICWED), America's Job Center of California (AJCC) staff, and Workforce Innovation and Opportunity Act (WIOA) Title I funded service providers, in the provision of work experience activities for eligible WIOA Adult and Dislocated Workers served with WIOA Title I funds.

## **REFERENCES:**

- DOL TEGL 19-16, Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by Title III of WIOA, and for Implementation of the WIOA Final Rules
- WIOA Section 134(c)(2)(A)(xii)(VII)
- 20 CFR 680.180

## **BACKGROUND:**

WIOA acknowledges the critical role work experiences and internships play in helping individuals obtain the skills they need to succeed in the workplace. Work experience is applicable to all WIOA core programs because it is an invaluable tool to engage businesses and to support job seekers in overcoming barriers to employment. Work experiences are designed to help individuals to establish work history, gain experience, demonstrate success in the workplace, and develop the skills that lead to unsubsidized employment.

## **POLICY:**

WIOA does not discern between "work experience" or "internship." The definition of both is the same in WIOA for adults and dislocated workers. For the purpose of internships and work experiences for adults and dislocated workers under WIOA section 134(c)(2)(A)(xii)(VII), an internship or work experience is a planned, structured, time-limited learning experience that takes place in a workplace. Work experiences are **not** training services. Work experience may be paid or unpaid, as appropriate. Work experience may be arranged within the private for profit sector, the non-profit sector, or the public sector. Job activities must be consistent with the Fair Labor Standards Act and other applicable laws.

Work experience for WIOA Adult and Dislocated Workers is an individualized career service within Career Services. A work experience must be based on the identified needs of the WIOA participant, must provide a planned and structured learning experience that will contribute to the achievement of the participant's career and employment goals, and should be directly related to local in-demand industry sectors.

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**Note: A participants career and employment goals can be to have continuous employment and/or a livable wage.**

Work experience is not designed to replace an existing employee or position. Work experience wages are paid directly to the work experience participant and not the employer. Employers are not monetarily compensated. Labor standards apply in any work experience where an employee/employer relationship exists, as defined by the Fair Labor Standards Act.

### **Participant Eligibility**

All work experience participants must meet WIOA program eligibility requirements, be enrolled into the respective WIOA program, and have received an assessment resulting in the development of an Individual Employment Plan (IEP) that documents the participant's need for and benefit from work experience.

Per WIOA, if America Job Center of California (AJCC) staff determine that individualized career services, which include internship and work experience that are linked to careers, are appropriate for an individual to obtain or retain employment, these services **must** be made available to the individual. AJCC staff must document the participant's need for an internship/work experience and may use recent or previous assessments by partner programs to help determine if individualized career services would be appropriate. WIOA provides a focus on serving individuals with barriers to employment and seeks to ensure access to these populations.

Individuals that may be determined to have a need may include, but are not limited to, the following categories:

- Have little or no prior experience in the workplace;
- Have experienced difficulty in maintaining employment in the past due to barriers that can best be addressed and overcome through work experience enrollment;
- Is seeking long-term employment in a particular industry or occupation but does not have the requisite experience to qualify for entry-level employment in the field;
- A career seeker who has recently concluded or will soon conclude a training or educational program, including and Individual Training Account (ITA) or job specific skills training, in a particular industry but possesses a strong need for practical work experience to qualify for entry-level employment in the training or education related field.

***\*Individuals who have received funding through an ITA, or other WIOA funded training, are also eligible for work experience. Funding for training and work experiences are separate.***

### **Compensation and Duration**

Participants enrolled in a paid work experience shall be compensated an hourly wage not less than the State or local minimum wage, whichever is higher. Participants shall be paid only for the hours worked during the work experience as documented on the participants work experience time sheet.

Work experience participants cannot be paid for lunch breaks, sick leave, vacation time, or a holiday recognized by the work site as a "paid holiday". Work experience participants are not authorized to work overtime.

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A work experience must be for a limited period of time and may not exceed 1,054 hours. In determining the appropriate time for each work experience, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's IEP.

### **Work Experience/Internship Agreement**

Work experience agreements must contain, at a minimum, the following:

- Clear statement of purpose;
- A descriptive training plan;
- Job description, if applicable;
- Identification of all parties including the work experience participant;
- Requirements of the work experience employer and work experience participant;
- Work experience start and end dates;
- Training job title and responsibilities;
- Required work attire, if applicable;
- Supportive services that are needed by the participant, if applicable;
- Signatures and dates of all parties to the agreement.

Work experience agreements may be modified. In the event of a local, state or federal emergency declaration, a program participant's time commitment, stipend structure, and/or work experience terms may be modified at the discretion of the ICWED Director. All modifications must be in writing and signed by all parties prior to the effective date of the modification. Verbal modifications of work experience agreements are not valid.

Under emergency situations, a digital signature is considered a valid signature. The client's original/digital signature on their program application will be validated by the site supervisor and all additional documentation. The site supervisor will be required to initial all applicable forms confirming the individual's signature is valid.

### **Employer Eligibility**

An internship or work experience may be within the private for-profit sector, the non-profit sector, or the public sector, ideally within an identified in-demand industry sector. Because internships and work experiences must be planned, structured learning experiences, the entity hosting the work/intern experience must designate an appropriate manager to provide supervision and feedback to the WIOA participant at regular intervals during the course of the program.

The employer is under no obligation to offer regular employment to the participant subsequent to the conclusion of the work experience/internship program, although the work experience/internship is intended to provide employers with a pool of technically trained employees from which to fulfill future positions and reduce recruitment costs.

Labor standards apply in any work experience setting where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists. Participating employers must agree to cooperate with monitoring requirements as required by WIOA and comply with all applicable Federal, State, and local laws and regulations, including those dealing with employment, discrimination, and safety.

Work experience and/or internships will not be made available to directly or indirectly aid in the filling of a job opening which is vacant because the former occupant is on strike, or is being locked out in the

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course of a labor dispute, or the filling of which is otherwise an issue in a labor dispute involving a work stoppage.

**Documentation to be Maintained**

Documentation of work experience activities must be maintained in the WIOA participant's file. At a minimum, the following items will be kept on file:

- An objective assessment and Individual Employment Plan (IEP) indicating a need for the work experience;
- A copy of the agreement between the participant, the worksite and the ICWED, including any attachments to the agreement, such as a training plan; and
- Time sheets, attendance sheets and performance records, as appropriate.

**MONITORING:**

ICWED and AJCC staff is responsible for ensuring regular and on-going monitoring and oversight of work experience activities. Monitoring will include on-site visits and phone/email communication with employer/trainer and participant to review the participant's progress in meeting training plan objectives. Any deviations from the work experience agreement should be dealt with promptly.

Work experience participant's training and payroll records may be reviewed by Federal, State, and ICWED fiscal and program monitors. These entities have the right to access, examine, and inspect any site where any phase of the work experience program is being conducted. Proper work experience documentation must be maintained in such a way to facilitate an audit. Work experience training and payroll records must be maintained for five (5) years after the participant's conclusion of the work experience.

**ACTION:**

Please bring this policy to the attention of WDB, AJCC system staff and appropriate WIOA funded service providers and sub-recipients. This policy is effective immediately. All submitted forms are live documents and subject to change according to local, State, and Federal needs. Once the forms and exhibits pertaining to this policy are approved by the ICWDB, they will not require board approval if other changes occur, unless the change affects protocols. Should you have any questions, please feel free to contact ICWDB staff at (442) 265-4974, (442) 265-4959 or the Program and Compliance Manager (442) 265-4963.

## WORK EXPERIENCE WORKSITE AGREEMENT

The following individual has been identified to participate in a Work Experience activity through the Imperial County Workforce & Economic Development (ICWED) WIOA program.

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Participant's Name

State ID

This document is intended to explain the Work Experience activity and clarify expectations of the Worksite Supervisor and Participant, should he or she be placed in the activity at the identified Worksite.

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Name of Worksite

### Work Experience:

The Work Experience activity is a service provided for WIOA Adults, Dislocated Workers, and Youth program participants that:

- I. *Is a planned, structured learning experience;*
- II. *Takes place in a workplace;*
- III. *Is set for a limited period of time;*
- IV. *Is paid only for actual hours worked up to 40 hours per week (pay for holidays or overtime is not allowed);*
- V. *Is designed to promote the development of good work habits and basic work skills*
- VI. *May be in the private for profit sector, non-profit sector, or the public sector;*
- VII. *May be paid or unpaid; and,*
- VIII. *Is covered under workers compensation by ICWED.*
- IX. *Is **not** eligible **nor** qualifies for Unemployment Insurance Compensation benefits upon completed.*

This Work Experience activity will begin on \_\_\_\_\_ (WEX – Start Date) and is estimated to be completed on \_\_\_\_\_ (Estimated Completion Date). The participant may not begin the work (experience) until the Worksite Host providing the WEX has reviewed this document and its contents with the worksite supervisor and the participant. The Worksite Host will also provide an orientation to the employee as well as direction on duties, evacuations, emergency protocols and any other relevant information.

This Work Experience activity is a paid activity at the rate of \$\_\_\_\_\_. Per hour to be paid by ICWED. The rate of pay shall be the current minimum wage or the prevailing wage for the occupation, whichever is appropriate. If the prevailing wage is used, research and documentation shall be provided and added to the participant file as justification. The first pay date for this activity is \_\_\_\_\_.

### WORKSITE SUPERVISOR shall:

- I. *Provide adequate direction and supervision for the participant and ensure sufficient work to occupy participant during the scheduled working hours;*
- II. *the Notify ICWED of any changes to the required hours and work necessary to be performed by the*

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- participant in order to evade any terminations due to lack of work;*
- III. *Provide a copy of its policy to the participant covering any specific rules or regulations by which the participant is expected to abide at the worksite;*
- IV. *Assure that appropriate standard for health and safety will be maintained, including but not limited to adherence to both federal and state Child Labor Laws and ensure a drug- free workplace;*
- V. *Follow the nondiscrimination and equal opportunity provisions found in Section 188 of WIOA and 29 CFR Part 38 which prohibits discrimination on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity); national origin (including LEP); age; disability; political affiliation or belief; or; for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title I – financially assisted program or activity.*
- VI. *Not subcontract the Work Experience position to a third party and maintain that the worksite host will be the sole provider of the training.*

**ICWED shall:**

- I. *Ensure that the worksite host and participant are provided a WIOA worksite orientation prior to the start date of the participant on the worksite;*
- II. *Ensure that the work experience will be conducted in a safe and sanitary work environment;*
- III. *Be required to ensure there will be adequate supervision by qualified worksite supervisors;*
- IV. *Be required to monitor the participant’s progress in correlation to the participant’s employability development plan and conditions of the Work Experience activity.*
- V. *Provide counseling to the participant who may be experiencing unsatisfactory performance.*

**MISCELLANEOUS**

The Imperial County Workforce and Economic Development, as the Employer of Record, covers the Work Experience participant under worker’s compensation. In the event of an injury, the Worksite Supervisor shall ensure that the participant is provided medical attention and immediately notifies ICWED as the Workers’ Compensation provider of the incident. The Worksite supervisor will file an injury report. Please see attached workmen’s compensation protocols and forms.

A Job Description shall be provided by the Worksite Supervisor for the participant and attached to this document. The Job description will include skills that the participant will learn.

The Work Experience activity may be terminated if the arrangement is determined to be inappropriate or violates the terms of this document at any time during the activity by ICWED, the Worksite Supervisor or the participant and such determination is in the best interest of the participant.

The worksite supervisor shall assist the ICWED by maintaining and providing the appropriate documentation (signed timesheets) to ICWED on a timely basis and in conjunction with the pay schedule provided to ensure the participant is paid on a timely basis. Arrangements for collection of documents shall be made between the Worksite Supervisor and ICWED Employment Developer assigned  
 \_\_\_\_\_ tel. \_\_\_\_\_.

In the event of funding restraints, the Work Experience activity may be terminated prior to the estimated date of completion. Should this need to occur, ICWED will communicate and work with the Worksite Supervisor and participant to resolve the issue as beneficially for the participant as possible.

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The Work Experience position shall not displace any currently employed worksite employee or jeopardize any current worksite employee's employment conditions such as a reduction in hours of non-overtime work, wages or employment benefits. The participant shall not be placed in a work experience activity if (a) any other individual has been laid off from the same or any substantially equivalent job, or (b) when the worksite has terminated the employment of any regular employee, or (c) has otherwise reduced its work force with the intention of filling the vacancy so created by utilizing a work experience participant.

**DEFINITIONS**

**Employer of Record** means WIOA Contractor "Imperial County Workforce and Economic Development"

**Worksite Supervisor** is the person at the worksite established to perform supervisory duties and responsibilities outlined in this document.

**Work Experience Participant** is the individual who has been determined eligible for and enrolled into the WIOA program and has been determined appropriate to participate in a Work Experience opportunity.

By signing this document, the Worksite Supervisor and participant state that this Guide and its contents have been explained clearly and that any questions or concerns that may have arisen have been addressed by the WIOA Employment Developer, representing ICWED.

**Worksite Supervisor**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WIOA Participant**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ICWED Employment Developer**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## RELEASE AND WAIVER OF LIABILITY AGREEMENT

### Work Experience Participants

Imperial County Workforce and Economic Development, Inc. hereinafter referred to as We or Our and You referring to your business or agency.

1. Imperial County Workforce and Economic Development provide all wages, taxes, withholding, and workers' compensation. Medical benefits and vacation pay are not available to participants. We recruit and assign participants to you to perform the job duties you specify. You agree to notify us if those duties or workplace of participants change.
2. Imperial County Workforce and Economic Development complies with all Federal, State, and Local employment laws and regulations. You agree to provide our participants with a safe, suitable workplace and equipment, and to comply with all applicable Federal, State, and Local laws including appropriate workplace-specific safety and health training that adequately addresses potential hazards at your worksite. You agree to indemnify and hold Imperial County Workforce and Economic Development harmless from claims or damages resulting from your non-compliance with applicable laws and regulations. Imperial County Workforce and Economic Development pays work experience participants promptly, based on information approved by you.
3. We provide insurance to cover Workers' Compensation and General Liability. You agree to maintain liability Insurance for any motor vehicle, forklift, or other low speed or utility vehicles operated by an Imperial County Workforce and Economic Development participant, and agree to waive all rights of recovery against the County of Imperial or Imperial County Workforce and Economic Development as the employer for the WEX participant.
4. All services performed by our participants shall be under your direction, supervision and control, and you shall be responsible for ensuring that the services meet your requirements and agree that we are not responsible for the accuracy or correctness for the resulting work product.
5. If our participants have access to unattended premises or the care, custody, or control of cash, checks, credit card number, ATM bank cards, negotiable, confidential information, trade secrets, or other valuable property, then you agree to indemnify and hold us harmless from any resulting loss or damage.
6. Imperial County Workforce and Economic Development will provide participants for positions where operating a low speed, utility vehicle and forklift if notified in writing prior to an assignment. We must know in advance, so we can assign participants who are qualified to meet your specifications. During an assignment, if our participants operate a low speed, utility vehicle or forklift you agree to indemnify and hold us harmless for bodily injury, property damage, collision, or public liability claims, regardless of fault. Imperial County Workforce and Economic Development participant must not operate a motor vehicle or heavy equipment at any point while on the job as part of the job duty.
7. You supervise, direct, and control the work performed by Imperial County Workforce and Economic Development participant, and assume responsibility for all operational results, including losses or damage to property or data in the care, custody, or control of an Imperial County Workforce and Economic Development participant. You agree to indemnify and hold us harmless from any claims or damages that may be caused by your negligence or misconduct, and agree on behalf of your insurer(s) to waive all rights of recovery (subrogation) against us.

Company/Agency:

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

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

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**ICWEDO/ONE STOP BUSINESS AND EMPLOYMENT SERVICES  
RULES/PROVISIONS FOR  
CLASSROOM TRAINING PROGRAMS**

Welcome to Imperial County Workforce & Economic Development Office (ICWEDO) services. You are about to enter a training program. The training program is not a job, so you will not receive wages. You may be eligible for supportive service payments and child care services.

With this training, there are certain rules and provisions that must be followed by ICWEDO, the training agency and you. The rules that apply to you are:

**Provision of Services**

1. Services are based upon the availability of Federal and State funds.
2. The information given on your application may require supporting documentation. Therefore, you will be expected to provide additional information of documents required, within a reasonable amount of time or it will result in your termination.
3. Regardless of whether or not you completed this training, you are appropriate for only one training program.
4. If you exit from the classroom-training program funded through ICWEDO for any reason other than placement/achieving the program goal, you will be required to return for an interview for a re-evaluation with your case manager.

**Attendance**

1. You must arrive early at the employment or training site.
2. You must have an explanation for every day you are absent, and for any time you are not in training. The only absences that will be considered justifiable are:
  - a. Injury or serious illness (yourself)
  - b. Injury or serious illness among your family: father, mother, grandparents, aunt, uncle, father-in-law, mother-in-law, sister, brother, or children.
  - c. Appointments with Imperial County Workforce Development Office.  
(Note: an illness is considered serious when your presence in a training program would pose a health threat to other program participants or further health complications to yourself.)
3. If you are absent for more than three days, without a justifiable reason, you will be required to attend a meeting with your case manager before returning to training.
4. You will receive one written warning if you are about to be exited for a violation of the rules of provision of ICWEDO/training agency. You must sign the warning.
5. If you are injured during training, you must notify your worksite supervisor or the Case Manager immediately. You are Covered by your employer's insurance, which will pay your medical bills if you are injured.
6. All injuries, no matter how minor, must be reported to your immediate worksite supervisor and your Case Manager within one hour after an injury occurs.

**Failure to do so will result in you being suspended for three working days.** The "Doctor's First Report of Injury" must be submitted within 24 hours. If an injury is not reported within this time, you may be liable for payment of any medical bills.

**Training Agency Rules**

1. You will be given a copy of the training agency's rules. Their rules and provisions will be explained to you.
2. If you violate ICWEDO/training agency rules or provisions you will be negatively terminated and will not be allowed to participate in ICWEDO programs.

**Complaint Procedure**

The ICWEDO (WIOA) complaint/grievance procedures shall be explained to you. If you have a grievance or complaint, you must bring it to the attention of the training agency and/or case manager before contacting ICWEDO.

**Follow-Up**

A representative from the One Stop Business and Employment System/ICWEDO may contact you at the completion of your training program, as part of a Program Follow-up Information survey.

I understand the rules/provisions above

I have explained the above rules/provisions to:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
State ID#

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

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## WORK EXPERIENCE ACCOUNT AUTHORIZATION

\*Please be advised that this form must have all required signatures prior to client beginning a training program

Client Name: \_\_\_\_\_

State ID#: \_\_\_\_\_

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Worksite Name: \_\_\_\_\_

Contract # \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Position of Placement: \_\_\_\_\_

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WEX Begin Date: \_\_\_\_\_

Estimated End Date: \_\_\_\_\_

Total WEX Hours per week: \_\_\_\_\_

Total WEX Hours: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

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I understand that this WEX authorization will pay directly to the client with no funds going to the Employer of Placement. Employer of placement will ensure that the client received relevant, real-time training that will enrich the portfolio of the client. Further, this signed form authorizes all parties to this WEX to release all information necessary to validate completion of training and reimbursement to the client for hours worked.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer Placement Signature \_\_\_\_\_

Date \_\_\_\_\_

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Employment Developer \_\_\_\_\_

Date \_\_\_\_\_

AJCC Site Supervisor \_\_\_\_\_

Date \_\_\_\_\_

ICWDO Program Compliance Coordinator \_\_\_\_\_

Date \_\_\_\_\_

ICWDO Director \_\_\_\_\_

Date \_\_\_\_\_

Participant: \_\_\_\_\_ Start Date: \_\_\_\_\_ D.O.T.# \_\_\_\_\_ D.O.T. Title: \_\_\_\_\_

Contract Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Alternate Supervisor: \_\_\_\_\_

Total Hours: \_\_\_\_\_ Worksite: \_\_\_\_\_  
*See note below*                      *Name*                      *Address*                      *City*                      *Phone#*

The Training Assessment will be used to determine or identify the participant's training needs. The participant will demonstrate proficiency and or improvement in the job specific skills listed below.

**TRAINING ASSESSMENT**

<b>Job Skills to be acquired.</b> <i>(WEX minimum of six skills required)</i> <i>(Internship minimum of two skills required)</i>	<b>Time needed</b> to acquire skills	<b>*Training</b> <i>(circle all that apply)</i>	<b>Pre- Assessment</b> Proficiency
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>
_____	_____ hours	(L) (OS) (H) (IA)	<u>Not Skilled / Skilled</u>

*\* Training Approaches used for Assessment:*  
**(L) Lecture (OS) Observation/Shadowing (H) Hands-on Directly (IA) Independent Assignment**

Client has potential to acquire the job skills listed above? Yes \_\_\_\_\_ No \_\_\_\_\_.  
Participant's direct supervisor will be \_\_\_\_\_

**I agree to assist participant in learning the skills listed above.**

**I agree with above Pre-Assessment Evaluation and I will improve these skills.**

\_\_\_\_\_  
*Supervisor Signature*                      *Date*

\_\_\_\_\_  
*Participant Signature*                      *Date*

\_\_\_\_\_  
*AJCC Staff Signature*                      *Date*

**Comments:**

**POST-ASSESSMENT EVALUATION** *(Employer)*

**Final Job Skills Evaluation.**  
Did participant attain the skills listed?  
*Circle one:                      Initials:                      Supervisor                      Participant                      AJCC*

Y	N	_____	_____	_____
Y	N	_____	_____	_____
Y	N	_____	_____	_____
Y	N	_____	_____	_____
Y	N	_____	_____	_____
Y	N	_____	_____	_____
Y	N	_____	_____	_____

**POST-EVALUATION RESULTS**

1. Total Job Skills requiring assistance \_\_\_\_\_.  
2. Total Job Skills acquired \_\_\_\_\_.  
(Skills acquired divided by # of skills listed.)  
 %

**I certify that the above information represents my assessment of the participant's job skills and abilities.**

Supervisor Signature: \_\_\_\_\_

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

**I certify that I have reviewed the Post-Evaluation Results.**

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



**Self-Attestation Statement  
Work Experience**

**Participant Information:**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

WIOA State ID Number: \_\_\_\_\_ AJCC Location: \_\_\_\_\_

**Eligible Participants (identify one of the following):**

- Temporarily or permanently laid off due to COVID-19
- A dislocated worker as defined under 29 U.S.C 3102(3)(15)
- A long-term unemployed individual who became unemployed or significantly underemployed as a result of the disaster or emergency

**Additional Comments (if additional space is needed, please use another sheet and staple to the back of this document):**

**Authorization:**

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM WIOA, REIMBURSEMENTS OF PAYMENTS MADE AND/OR PENALTIES AS SPECIFIED BY LAW. I SHALL PROVIDE REASONABLE DOCUMENTATION TO MY CASE MANAGER FOR PROOF OF PAYMENT FOR ALL PAYMENTS MADE USING THE SUPPORT I RECEIVED.

Participants Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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

AJCC Staff Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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

**STATEMENTS BELOW TO BE SIGNED ONCE SUPPORT PAYMENT HAS BEEN RECEIVED BY PARTICIPANT**

***Participant Verification of Support Paid:***

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, THAT I OBTAINED SUPPORTIVE SERVICE PAYMENT PROVIDED BY THE IMPERIAL COUNTY WORKFORCE AND ECONOMIC DEVELOPMENT WIOA PROGRAM.

Participants Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

***Case Manager Documentation of Support Services Paid***

I HEREBY CERTIFY AND ATTEST, UNDER PENALTY OF PERJURY, I HAVE REVIEWED, COLLECTED, AND FILED DOCUMENTATION ON THE PAYMENT MADE TO THE PARTICIPANT. THE SUPPORT SERVICES DOCUMENTATION ON FILE IS CONSISTANT AND ALLOWABLE PER THE REGULATION DEFINED BYWIOA.

ICWED/AJCC Staff: \_\_\_\_\_ Print Name: \_\_\_\_\_

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