



Work Experience Agreement

THIS AGREEMENT is entered between CareerSource Pinellas and:

Agency Name: _____

Agency Contact Name: _____

Please check: Not for Profit For Profit

Here in after referred to as the “provider.”

I. The Provider Agrees:

- A. To develop and provide agency work sites designed to provide Temporary Assistance for Needy Families (Welfare Transition) participants referred by CareerSource Pinellas with a non-paid, job-training experience referred to as “Work Experience.”
 - 1. The provider shall not disclose the Welfare Transition participant’s status as a recipient of public assistance to anyone other than personnel authorized by CareerSource Pinellas or provider.
 - 2. The provider shall allow access to these records during normal hours of operation for inspection, review, or audit by personnel duly authorized by CareerSource Pinellas, as well as by federal personnel
- B. Services to be provided
 - 1. The provider will develop a Training Outline (Attachment I) and provide Work Experience training to Welfare Transition participants not to exceed a total of 90 days. Work Experience must enable participants to obtain the knowledge and skills essential to an adequate level of performance of the job in accordance with the approved Training Outline.
 - 2. Progress Reports and Notification – The provider will notify CareerSource Pinellas of the status of Welfare Transition participants when one or more of the following situations occur:
 - a. The individual has failed to attend the initial interview or refused a suitable work site-training program.
 - b. The individual was not accepted for participation in the work experience training.
 - c. The individual has experienced continued absenteeism, sickness, or other problems that may arise.
 - d. The individual terminated the Work Experience and either,
 - (1) secured unsubsidized employment, or
 - (2) is no longer participating in work experience.
- C. Manner of Service Provision
 - 1. The Training Outline must be prior approved by CareerSource Pinellas.
 - 2. The provider must provide the necessary instructions, supervision and equipment necessary to train the work experience participant.

CareerSource Pinellas is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711. “A proud partner of the American Job Center network.”

3. The provider will submit the completed Work Experience Attendance Sheet weekly. (Attachment II)
4. The provider shall allow access to these records during normal hours of operation for inspection, review, or audit by personnel duly authorized by CareerSource Pinellas, as well as by federal personnel.

D. Special Provisions

1. Some work experience participants may present themselves with undeveloped soft skills. In such cases CareerSource Pinellas asks the provider to use CareerSource Pinellas staff as support for dealing with issues prior to dismissing the Work Experience participant. The provider shall teach the Welfare Transition participants the skills necessary for entry level work in the designated job title.
2. No individual may participate in Work Experience unless CareerSource Pinellas officially refers the individual to the provider in accordance with this agreement.
3. The participant(s) under this agreement or any amendment hereto is to be provided with the same working conditions accorded to other employees presently in the Provider's workforce. Workers' compensation, but not benefits, will be provided as stated in section II. C.
4. A Work Experience participant shall displace no currently employed worker. This includes partial displacement such as reduction in the hours of non-overtime work, wages or employment benefits.
5. No Work Experience participant shall be hired into or remain working in any position when the same or substantially equivalent position is vacant due to a hiring freeze or when any regular employee is on lay-off from the same or substantially equivalent position or when the regular employee has been bumped and has recall or bumping rights to that position pursuant to the provider's personnel policy or collective bargaining agreement. Work Site will inform employees of the ability to file grievance if displaced.

II. CareerSource Pinellas Agrees:

- A. CareerSource Pinellas shall refer eligible Welfare Transition participants to the provider for consideration in a Work Experience component not to exceed a total of 90 days.
- B. CareerSource Pinellas shall provide childcare, transportation, and other work-related expenses as needed by the participant to the extent funds are available, and law or regulation authorizes the expense.
- C. The Agency for Workforce Innovation will provide State Worker's Compensation liability and/or claims coverage for all Welfare Transition Work Experience participants during assigned hours.

III. The Provider and CareerSource Pinellas Agree to:

- A. Effective Date:
This agreement shall begin on _____ or the date on which this agreement has been signed by both parties, whichever is later.
- B. Termination:
 1. Termination for convenience
 - a. The provider has the right to terminate the individual trainee's participation from the provider's site if things are not working out after a good faith effort to resolve the problem.

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- b. This agreement may be terminated by either party upon no less than thirty (30) days notice, without cause.
- c. This agreement expires exactly one year from effective date in 3a.

C. Notice and Contacts:

- 1. The names and addresses of the CareerSource Pinellas representatives for this agreement are:

Address:

CareerSource Pinellas
 Attention: Morgan Miele
 3420 8th Avenue South
 St. Petersburg, FL 33711

Telephone: (727) 608-2555
 Fax: (727) 608-2320

- 2. The name and address of the representative for the Provider responsible for the administration of Work Experience under this agreement is:

- 3. In the event either party designates different representatives after execution of this agreement, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this agreement.

This agreement and its attachments are referred, (Attachment I and Attachment II), contain all the terms and conditions agreed upon by these parties.

IN WITNESS THEREOF, the parties thereto have caused this 5 page agreement to be executed by their undersigned officials as duly authorized.

Agency Name: _____

Signature: _____

Print Name: _____

Job Title: _____

Date: _____

CareerSource Pinellas

Signature: _____

Print Name: Don Shepherd

Job Title: Programs Director

Date: _____

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WORK EXPERIENCE JOB DESCRIPTION/TRAINING OUTLINE

Provider Information (to be completed by the provider)

Please check: Not for Profit For Profit

Work Experience Service Job Title/ Position: _____

****If the agency has more than one Job title/position for customers to assist in, please complete additional Job description training outlines. One for each Job title/Position requested.*

Number of positions available for the Job Title above: _____

Agency Name: _____

Agency Address: _____

Agency's contact Phone Number: _____ Fax Number: _____

Representative who will be signing the time sheets weekly:

_____	_____	_____
Print name	Signature	Job Title

If additional staff will be signing, please add all names: (Please list all agency staff who will sign off on time sheets)

_____	_____	_____
Print name	Signature	Job Title

_____	_____	_____
Print name	Signature	Job Title

_____	_____	_____
Print name	Signature	Job Title

This job description/training outline runs from _____ to _____ (12 months maximum)

Days open (please check): Sun Mon Tues Wed Thurs Fri Sat

Hours open: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

List the job duties (or attach a job description) for the Job Title listed above: _____

Customer information (to be completed by a CareerSource Pinellas representative)

Customer Name: _____ Case #: _____

Customers start date: _____ Anticipated End date: _____

Signatures:

CareerSource Pinellas Representative Signature: _____ Date: _____

Customer's Signature: _____ Date: _____

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Community Service/Work Experience Attendance Sheet

Customer Name: _____ *Last Four Digits of SSN: ***_**-_____

Agency Name: _____ Job Title: _____

Customer is assigned to _____ number of hours per month. Not to exceed this amount.

This calculates into the following number of hours per week:

Week 1	Week 2	Week 3	Week 4	Week 5
Monday _____	Monday _____	Monday _____	Monday _____	Monday _____
Hours: _____	Hours: _____	Hours: _____	Hours: _____	Hours: _____

Career Counselor: _____ Phone #: _____

Please fax completed time sheets to: (727) 608-2320

*****This attendance sheet must be submitted Fridays by 7:00pm*****

To be completed by the Agency Supervisor:

This attendance time sheet is being completed for Monday ____/____/____ to Sunday ____/____/____

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Hours Worked								

Customers progress (Please check all that apply):

- Appropriately Dressed
 Arriving On Time
 Good attendance
 Excellent Customer Service
 Positive Attitude
 Creative
 Accepts Responsibility
 Approachable
 Flexible
 Works Independently
 Trustworthy
 Excessive absences
 Arriving late
 Behavior issues
 Inappropriately dressed
 Requesting conference with staff.

Comments: _____

Supervisor's Name _____

Supervisor's Signature _____

_____/_____/_____
Date

_____-_____-_____
Office Phone

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Updated 08-10-2010; Updated 11-02-12(lm); Updated 01-08-14(lm); Updated 11-09-17

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