



July 1, 2015

EASTERN CAROLINA LOCAL AREA ISSUANCE NO. 2015-05

SUBJECT: Transitional Jobs Policy for Adult & Dislocated Worker Participants

PURPOSE: To transmit policy on subsidized transitional jobs of the Workforce Innovation and Opportunity Act (WIOA) for WIOA Adult and Dislocated Worker programs

BACKGROUND: According to Federal Register 20 CFR Part 680 Workforce Innovation and Opportunity Act; Notice of Proposed Rulemaking, Subpart F – Work-Based Training section 680.830 A transitional job is one that provides a limited work experience, that is subsidized in the public, private, or non-profit sectors for those individuals with barriers to employment because of chronic unemployment or inconsistent work history; these jobs are designed to enable an individual to establish a work history, demonstrate work success, and develop the skills that lead to unsubsidized employment (WIOA sec. 134 (d)(5)). Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists.

ACTION: Adult/Dislocated Worker participants enrolled in transitional jobs must have documented barriers to employment because of chronic unemployment or inconsistent work history. Transitional jobs must be combined with comprehensive career services and supportive services. The goal of transitional jobs is to establish a work history for the individual, demonstrate work success, and develop skills that lead to entry into unsubsidized employment.

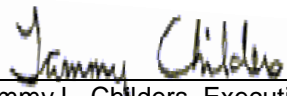
Adults and Dislocated Workers may participate in planned, structured learning experiences that take place in a workplace for a limited period of time not to exceed 320 hours per program year. Work activities may take place in the public or private for-profit and non-profit sectors. The selection of private employers to participate in this activity should be based on an objective analysis of the relative “value-added” contributions to the Adult/Dislocated Worker. All wages must be comparable to existing positions identified by employers. Job descriptions and/or work plan must be submitted to the local area for prior approval. Transitional job agreements must be developed with employers and maintained onsite and a copy of agreement on file with service provider for monitoring purposes.

EFFECTIVE DATE: July 1, 2015

EXPIRATION DATE: Indefinite

CONTACT: Executive Director

DISTRIBUTION: All WIOA Adult and Dislocated Worker Providers



Tammy L. Childers, Executive Director

Attachments: Transitional job Agreement/Job Description Form/Transitional job Supervisor Orientation
Participant Evaluation/Participant Timesheet & Instructions

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An Equal Opportunity/Affirmative Action Employer

WORKFORCE INNOVATION AND OPPORTUNITY ACT ADULT/DISLOCATED WORKER PROGRAM TRANSITIONAL JOB AGREEMENT

This Agreement is made between *(service provider name)* _____ and *(transitional job agency name)* _____ a ☐ **public** or ☐ **private organization** to provide employment and training services to eligible adults participating in the ☐ Adult ☐ Dislocated Worker Program, authorized and funded under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Under this Agreement, participants will be provided work experience, which is valuable and meaningful for both the participants and the agency. Work experience will be consistent with each participant's capabilities and interests. Work experience should also aid in the development of skills and work habits, which will assist the participant in obtaining unsubsidized employment in the future.

This Agreement provides the following assurances:

- (1) there will be enough meaningful work to keep participants fully occupied during working hours;
- (2) work will be conducted in a safe and sanitary work environment;
- (3) there will be adequate full-time supervision of each participant by qualified supervisors;
- (4) there will be adequate accountability for participant time and attendance;
- (5) there will be sufficient equipment and/or materials provided to carry out assignments;
- (6) this agreement will be maintained at the transitional job and available for review by federal, state, local area agent and program operator monitors;
- (7) all rules and regulations governing the WIOA program will be upheld;
- (8) all activities will be in compliance with current Fair labor Standards;
- (9) funds may not be utilized to assist employers in relocating business establishments.

WORK ACTIVITIES:

A job description/work plan must be attached to this Agreement. The job description must include:

- (1) a list of duties and responsibilities
- (2) wage for position
- (3) the days and hours to be worked {not to exceed 320 hours}
- (4) a listing of rainy-day activities if inclement weather changes work activities

MONITORING:

It is understood that the transitional job may be monitored by the Local Area, Division of Employment and Training or Department of Labor staff. Service provider will monitor transitional job based on a planned schedule at least twice during the term of this agreement. The transitional job supervisor will maintain current and accurate time and attendance records as well as a list of current transitional job activities and will cooperate fully to provide monitors and other program staff with transitional job information as required in a timely fashion.

SUPERVISION:

All transitional job supervisors must be experienced in the work to be performed. Transitional job supervisors should encourage good working habits and positive attitudes about work.

It is the responsibility of the service provider to orient each transitional job supervisor to the WIOA Program, assure his/her attendance at a supervisor's orientation prior to the placement of participants at the transitional job and to provide the supervisor with appropriate written materials necessary to perform his/her duties, including a copy of this Agreement.

TIME ATTENDANCE AND COMPENSATION:

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 {THIS INCLUDES LUNCH ON OR OFF PREMISES} OR RECREATIONAL ACTIVITY. UNDER NO CIRCUMSTANCES SHOULD ANY PARTICIPANT WORK OVER 40 HOURS IN A WEEK.** Using time sheets provided by the service provider, participants shall sign in when reporting to work each day and sign out at the completion of the specified number of hours each day as described in this Agreement. No one else will be allowed to sign a participant in or out. Time and attendance records will be signed at the end of each day by the participant and at the end of the two week period by the supervisor, whose signature will certify its accuracy.

These records will be picked up every *(time sequence)* _____ by *(service provider)* _____ for preparation of the payroll. Participants will be paid at the rate of \$ _____ an hour (Cannot be less than North Carolina or Federal Minimum Wage whichever is greater.). Participants will be paid by check ☐ Weekly ☐ Bi-Weekly ☐ Monthly.

☛ If the number of participants or activities of the transitional job change, the transitional job agency agrees to notify *(service provider name)* _____ immediately so that this agreement may be modified.

SIGNATURES:**(1) Service Provider Authorized Representative**

Service Provider Organization Name/Address

Signature_____
Name_____
Address_____
Address***(2) Authorized Representative Transitional job Agency**(i.e. Executive Director, Manager, Dept. Head, Principal)Name of Transitional job Organization
Name/Address_____
Signature_____
Name_____
Address_____
Address***(3) Transitional job Supervisor(s)**_____
Signature_____
Signature_____
Signature**Information to be supplied by Agency Representatives & Supervisors***TERM: THIS AGREEMENT WILL TAKE EFFECT ON (date) _____ AND TERMINATE NO LATER THAN (date) _____.**

Participant Name	Position

Participant's Name : _____

ADULT/DISLOCATED WORKER PROGRAM TRANSITIONAL JOB DESCRIPTION

IMPORTANT NOTICE: For each position/job title requested a job description must be completed. All participants will be trained in the duties listed below and also provided employment skills training.

POSITION/JOB TITLE: _____

SKILLS REQUIRED (Be Specific): _____

PRIMARY RESPONSIBILITIES: _____

DUTIES AND RESPONSIBILITIES (List each task or specific area of responsibility):

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

RAINY-DAY ACTIVITIES (For outdoor work activities that require change due to inclement weather):

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

WORK SCHEDULE: (e.g. MWF 8-12) _____ HOURLY WAGE FOR POSITION: \$ _____

(For this position only – **CANNOT WORK OVER 40 HOURS IN A WEEK**)

Supervisor Name: _____

TRANSITIONAL JOB ADDRESS FOR THIS POSTION: Phone Number: _____

(If different from address given on transitional job agreement)

TRANSITIONAL JOB SUPERVISOR ORIENTATION

Below are important topics that will be explained to you prior to placement of participant(s) at transitional job.

Transitional job: _____

- | | |
|--|---|
| | 1. Purpose |
| | 2. Eligibility requirements |
| | 3. Rights, benefits and responsibilities of participants |
| | 4. Hours of work (days, weeks, holidays, etc.) |
| | 5. Reporting procedures |
| | 6. Pay procedures |
| | 7. Workmen's Compensation |
| | 8. Nepotism |
| | 9. Hatch Act |
| | 10. No WIOA workers may be used to promote unionization |
| | 11. Maintenance of effort |
| | 12. Sectarian activities not permitted |
| | 13. Equal employment opportunity |
| | 14. Grievance procedure |
| | 15. Termination procedure |
| | 16. Transitional job agreement |
| | A. Role of Supervisor |
| | B. Work assignments |
| | C. Monitoring |
| | D. Counseling visits |
| | 17. Handling on the job injuries/accidents |
| | 18. Handling problems at the transitional job involving WIOA participants |
| | 19. Completing Participant Progress Evaluation |
| | 20. Eastern Carolina Local Area contact person |
| | 21. Funds may not be utilized to assist employers in relocating business establishments |

Transitional job Supervisor Signature

Date

Transitional job Supervisor Signature

Date

Transitional job Supervisor Signature

Date

WIOA Program Staff Signature

Date

**** The above signatures indicate that the subjects listed above have been reviewed with transitional job supervisor.**

WORKFORCE INNOVATION AND OPPORTUNITY ACT **PARTICIPANT PROGRESS EVALUATION BY TRANSITIONAL JOB SUPERVISOR**

Participant: _____
 Job Title: _____
 Transitional job: _____

Directions: Please grade the employee in each area and comment. Review the Progress Report with the employee. Submit Progress report on *(date)*_____.

Grade Scale:

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

<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Reports to work daily <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Is on time for work <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Calls in if late or absent <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Completes assignments in a timely manner <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Accepts responsibility for assigned duties <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Uses good time management techniques <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Cooperates with fellow employees <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Makes few mistakes <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Keeps breaks/meals to allotted time	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Maintains positive attitude <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Maintains interest and enthusiasm <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Demonstrates honesty and integrity <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Reports to work neat and clean <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Dresses appropriately <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Accepts constructive criticism <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Follows transitional job rules <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> NA Leaves work when scheduled
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Based upon your interaction with this individual and their overall work performance, would you recommend them for a pay increase? ☐ Yes ☐ No (If no, could you provide an explanation in the comments section.)

* For any grade of (N) needs improvement please provide a comment in the comments section.

Comments/observations (Strengths, weaknesses, improvements, etc.)

 Participant Signature

 Date

 Supervisor Signature

 Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT
TRANSITIONAL JOB PARTICIPANT TIMESHEET**

Name: _____ Job Title: _____
 Pay Period From: _____ to _____ WS Supervisor: _____
 Transitional job: _____

Note: Participants should sign timesheet daily to certify time worked each day.

Time 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	IN	OUT	# OF HRS	IN	OUT	# OF HRS	TOTAL HRS	PARTICIPANT SIGNATURE
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
TOTAL HOURS FOR WEEK #1									

WEEK TWO

DAY	DATE	IN	OUT	# OF HRS	IN	OUT	# OF HRS	TOTAL HRS	PARTICIPANT SIGNATURE
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
TOTAL HOURS FOR WEEK #2									

I hereby certify that the above entries are an accurate representation of the participant's time worked in this pay period.

Supervisor: _____ Title: _____ Date: _____

Week #1 Hours: _____ **Week #2 Hours:** _____ **Total Hours:** _____

TO BE COMPLETED BY WIOA PROGRAM STAFF

Total Hours worked to date: _____
 Plus Hours Worked this Period: + _____ Hours Remaining (320 hours minus hours worked to date): _____
 New Total Hours Worked To Date: = _____

I have reviewed this timesheet and certify that the hours worked appear reasonable and the entries have been computed correctly.

WIOA Program Staff: _____ Date: _____

Instructions for Completing WIOA Participant Timesheets

The following instructions are being provided to assist you in accurately completing participant timesheets for those individuals engaged in work experience activities. These instructions should be shared with WIOA participants and transitional job supervisors as part of their orientation.

WIOA PROGRAM STAFF:

WIOA program staff should type in the following information prior to giving the timesheet to the participant:

- Participant name
- Participant Job Title
- Pay Period
- Transitional job Supervisor Name
- Name of Transitional job
- Dates in Pay Period (*make sure that dates entered are for correct day of the week and match pay period*)

After timesheet is completed by participant and signed by transitional job supervisor, the WIOA program staff **MUST** review timesheet for accuracy. Hours should be calculated for weeks 1 and 2 and total for both weeks entered.

Section Marked TO BE COMPLETED BY WIOA PROGRAM STAFF:

- **Total Hours worked to date:** WIOA program staff should enter the total number of hours the participant has worked to date at the current transitional job and in the current job position.
- **Plus Hours Worked this Period:** WIOA program staff should enter the total hours worked for the current pay period.
- **New Total Hours Worked To Date:** WIOA program staff should enter the sum of the total hours worked plus the hours worked this pay period to get the new total hours worked to date.
- **Hours Remaining (320 hours minus hours worked to date):** WIOA program staff should enter the number of hours remaining after deducting the total hours worked to date from 320.

****NOTE: A miscalculation in the hours that causes the participant to work over 40 hours per week and/or the 320 hours will result in disallowed cost for hours worked over the 40 hours per week and/or 320 allowable hours.***

WIOA PARTICIPANTS:

WIOA participants should write in (**DO NOT TYPE IN**) the time they arrive for work, leave for lunch, return from lunch and leave work for the day. Time should be recorded in 15 minute increments as noted at the top of the timesheet. WIOA participants are to sign their timesheet at the end of each day worked.

DO NOT SIGN OR FILL IN HOURS BEFORE YOU HAVE WORKED THEM

Example: If you arrive to work at 5 minutes after 8, you would record that as 8:00. If you arrive at 10 minutes after 8, you would record that as 8:15.

DAY	DATE	IN	OUT	# OF HRS	IN	OUT	# OF HRS	TOTAL HRS	PARTICIPANT SIGNATURE
SUN	07/01/12								
MON	07/02/12	8:00	12:00	4	12:30	4:30	4	8	<i>Participant Signature</i>
TUE	07/03/12	8:15	12:30	4.25	1:00	4:00	3	7.25	<i>Participant Signature</i>
WED	07/04/12	H	O	L	I	D	A	Y	
THU	07/05/12	8:30	1:00	4.50	2:00	4:15	2.25	6.75	<i>Participant Signature</i>
FRI	07/06/12	9:00	12:45	3.75	1:15	5:00	3.75	7.50	<i>Participant Signature</i>
SAT	07/07/12								
TOTAL HOURS FOR WEEK #1								29.50	

TRANSITIONAL JOB SUPERVISOR:

The transitional job supervisor should monitor the WIOA participant's time daily. At the completion of the two week period the transitional job supervisor should review for accuracy, sign, indicate their job title and date the timesheet.