

WIOA YOUTH WORK EXPERIENCE (WEX) TRAINING

Program Year 2023-2024



SACRAMENTOWORKS
IN SCHOOL • IN WORK • IN LIFE

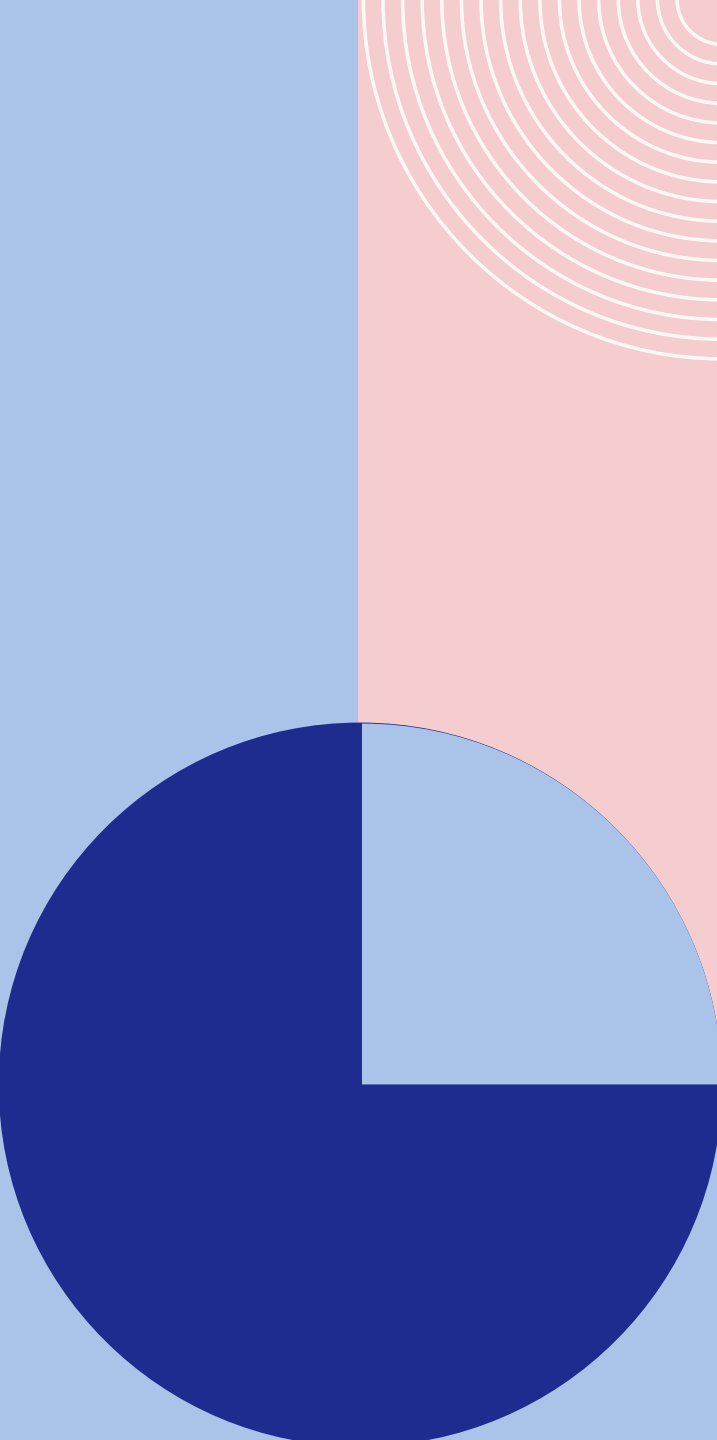
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AGENDA

1. Establishing a WEX Site
2. Supervisor Handbook
3. Worksite Agreement
4. WEX Activity Codes and Case Notes



ESTABLISHING A WEX WORKSITE

- 
- ❖ Look at previous program year WEX partnerships
 - ❖ Locate local businesses (recommend near the youths residence, if transportation is an issue)
 - ❖ Reach out to places youth is interested in and talk to the supervisor/manager
 - ❖ Drop off program flyer locally with your business card
 - ❖ Depending on the youths interests, reach out to local schools, non-profits, food banks, and community centers



EMPLOYER/SUPERVISOR HANDBOOK

- ❖ Once a Work Experience site is established the Employer/Supervisor Handbook should be given to the WEX supervisor (preferably before the youth begins WEX)
- ❖ Includes their role as a WEX supervisor, general information, breaks/lunches, incident report information, sexual harassment, payroll instructions etc.

<https://staff.seta.net/app/uploads/2018/06/Work-Experience-Employer-Handbook.pdf>



WORKSITE AGREEMENT

- ❖ The Worksite Agreement is a 5 page document that needs to be signed by the WEX supervisor, youth, and case manager. (if the youth is under 18yrs, parent signature is needed)
- ❖ The Worksite Agreement includes information such as; employer name, address/phone #, job title, job description, # of hours, hourly rate, start date, and end date.
- ❖ The 5th page is the Job Specific (Occupational) skills assessment and evaluation.

<https://staff.seta.net/app/uploads/2012/07/NEW-Worksite-agreement-WIOA.doc>

WORKSITE AGREEMENT

ADDITIONAL COMMENT BOX

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IV. AGREEMENT:

THE EMPLOYER AGREES TO WORK WITH THE ABOVE PROGRAM IN PROVIDING WORK EXPERIENCE TRAINING UNDER THE SETA-FUNDED PROGRAM CHECKED ABOVE. APPLICABLE FEDERAL AND/OR STATE REGULATIONS AND SETA POLICIES AND PROCEDURES.

DURATION OF TRAINING: # OF WEEKS: # OF HOURS: HOURLY RATE: \$

START DATE: END DATE:

ADDITIONAL COMMENTS BY EMPLOYER, SUPERVISOR, OR PROGRAM:

- ❖ Any updates within the duration of the WEX should be noted here.
(Example: Additional/decreased hours, changing worksites, actual end date etc.)
- ❖ A case note should reflect any WEX updates or changes as well.

JOB SPECIFIC (OCCUPATIONAL) SKILLS ASSESSMENT AND EVALUATION

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❖ This form is completed at WEX enrollment and WEX completion.

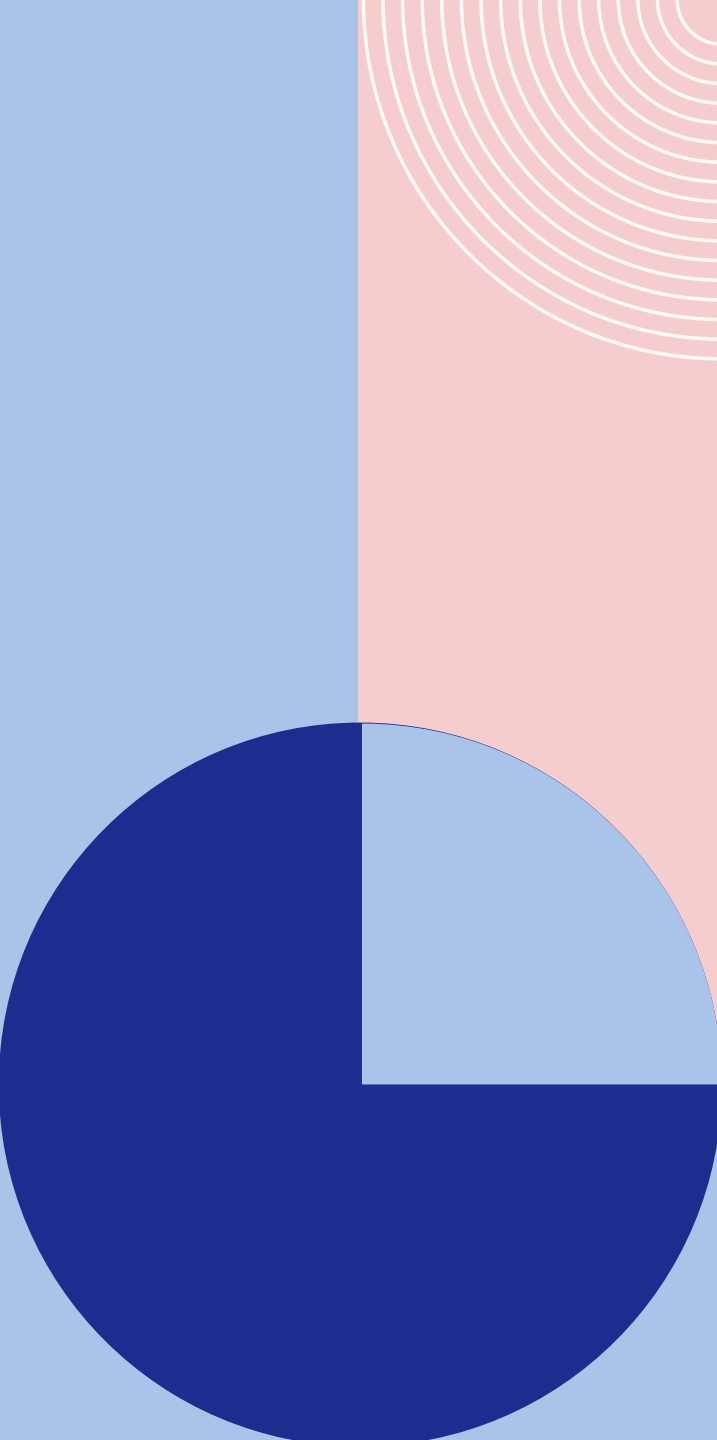
❖ Elements of training should match the elements/job description on page 1 of the worksite agreement.

JOB SPECIFIC (OCCUPATIONAL) SKILLS ASSESSMENT AND EVALUATION						
Employer: _____						
Address: _____						
Name of Supervisor: _____						
Trainee Work Days/Hours: _____						
Trainee's Name Address City Zip Phone Number						
Sources of Competency Statement: <input type="checkbox"/> Dictionary of Occupational Title <input type="checkbox"/> Regional Occupational Program Competency Statement <input type="checkbox"/> Employer Job Description						
ELEMENTS OF TRAINING	# OF HOURS	*WORK RELATED COMPETENCIES				
		1. Poor- No experience, little knowledge/skill, inadequate skills performance. 2. Fair- Beginning to apply basic concepts on job, practicing basic skills and showing limited proficiency. 3. Good- Grasps most concepts, attempting to increase knowledge and skill used in job beyond basic requirements. 4. Very Good- Understanding and applies concepts easily and appropriately, increasing quality of skill performed, able to work independently. 5. Excellent- Consistently works with job concepts, showing a thorough understanding and ability to learn more, high quality of work, ability to work without supervision.				
1.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14.		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TOTAL HOURS =						
*NOTE: A rating of 3, 4 or 5 is considered to be satisfactory skill performance. Participant must be rated good to excellent in 70% of the Element of Training in order to obtain competency.						
Participant's Signature/ Date _____						
Employer's Signature/ Date _____ Program Staff person's Signature/ Date _____						
This form is completed at enrollment and program completion. It may also be used to evaluate progress during training.						

II. TRAINING INFORMATION:	
JOB TITLE:	_____
JOB DESCRIPTION OR ELEMENTS OF TRAINING (SEE ATTACHED JOB SPECIFIC (OCCUPATIONAL) SKILLS ASSESSMENT AND EVALUATION):	



MATERIALS NEEDED AT WEX WORKSITE

- 
- 1. Employer/supervisor handbook**
 - 2. Worksite agreement**
 - 3. Timesheets/evaluations**
 - 4. Incident report form(s)**

WORK EXPERIENCE

EMPLOYER/SUPERVISOR HANDBOOK

SACRAMENTO WORKS

SACRAMENTO EMPLOYMENT AND TRAINING AGENCY

925 Del Paso Blvd., Suite 100

Sacramento, CA 95815

(916) 263-3800



WORKSITE AGREEMENT

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I. WORKSITE INFORMATION:

EMPLOYER'S NAME:

ADDRESS (include City, State, Zip):

PHONE NO:

NAME OF SUPERVISOR:

WORKSITE STATUS: ☐ PUBLIC AGENCY ☐ PRIVATE NON-PROFIT ☐ PRIVATE FOR-PROFIT

NAME OF PARTICIPANT TO BE PLACED AT THIS SITE:

FUNDING SOURCE:

II. TRAINING INFORMATION:

JOB TITLE:

JOB DESCRIPTION OR ELEMENTS OF TRAINING (SEE ATTACHED JOB SPECIFIC (OCCUPATIONAL) SKILLS ASSESSMENT AND EVALUATION):

MINIMUM SKILLS REQUIRED:

TESTING, IF ANY, TO IDENTIFY PROGRESS IN AREA OF SKILL DEVELOPMENT:

SKILLS TO BE ACQUIRED AT THE END OF TRAINING:

III. ADDITIONAL INFORMATION:

DO OTHER SETA-FUNDED PROGRAMS HAVE PARTICIPANTS AT THIS SITE? ☐ YES ☐ NO

LIST:

WAS THIS PARTICIPANT PREVIOUSLY IN ANY SETA-FUNDED PROGRAM(S)? ☐ YES ☐

NO IF YES, NAME OF PROGRAM(S) UTILIZED:

IS THIS SITE ACCESSIBLE TO PUBLIC TRANSPORTATION? ☐ YES ☐ NO

DOES THE SITE HAVE ACCOMODATIONS FOR THE DISABLED? ☐ YES ☐

NO



(Name of Agency) Timesheet

(Must Be Completed in Ink and NO white out)

Pay Period: _____ to _____
Month/Day/Year Month/Day/Year

Participant Name: _____
Last Name First Name MI

Social Security No: _____

Worksite: _____

Provider: _____

WEEK						WEEK					
Date	From	LUNCH		To	Total Hours (minus lunch)	Date	From	LUNCH		To	Total Hours (minus lunch)
		Out	In					Out	In		

Hour Key: 15 minutes = .25, 30 minutes = .50, 45 minutes = .75, 1 hour = 1

TOTAL HOURS FOR PAY PERIOD

I hereby certify that this timesheet correctly reflects all time worked for the pay period indicated and that it has not been forged or altered. I understand that falsification of this document will result in my immediate termination from the program and will also result in actions to recover payments made to me for time I did not work.

Participant Signature

Date

PARTICIPANT EVALUATION (Check appropriate column for each item)

	Excellent	Above Standard	Satisfactory	Needs Improvement
Progress on Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<input type="text"/>			

I hereby certify that the training has been provided in accordance with the provisions in the Sacramento Works for Youth Worksite Agreement.

Supervisor Signature

Supervisor Name

Work Phone

Date

Provider Signature

Provider Name

Work Phone

Date



REPORT OF INJURY INSTRUCTIONS

Fax completed Report of Injury form to
(916) 922-2309

It is crucial that any injury sustained on the job by an employee be reported to The Foundation's Human Resources department. Please take the following steps immediately upon notification of a work-related injury:

- If the injury is life threatening, call 9-1-1.
- If the injury is not life threatening, the supervisor should immediately contact the Human Resources department, which will provide the supervisor with the name and address of the nearest authorized care facility.
- The supervisor will direct the employee to the designated facility for treatment. For employees working outside the Sacramento area, your supervisor may call the Human Resources department at any time for the name and address of the facility nearest you.
- The supervisor will complete a Report of Injury form and fax it to the Human Resources department. The Foundation must have the completed form within 24 hours of the injury.
- The Foundation will send the employee an Employee Claim Form (DWC Form 1).
- The employee must return the DWC Form to the Human Resources department for processing.

A Report of Injury form must be completed and forwarded to Human Resources even if the employee sustains a minor injury that requires first aid but does not need formal medical attention.

Worker's Compensation Representative:

Christhannah Oloyede

Human Resource Specialist

Phone: 916.418.5154

E-mail: coloyede@communitycollege.org

Worker's Compensation
Carrier
Liberty Mutual
Policy # WC2-Z91-458581-012
Phone # 800-424-0054

The Community College Foundation

REPORT OF INJURY

RETURN IMMEDIATELY

FAX # (916) 922-2309

Name: _____ Date of Birth: _____ SS#: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Date of Hire: _____ Employee Job Title: _____ Pay _____ Rate: _____

Department Where Employee Works: _____ Av. Hours Worked Per Week: _____

Date Employer First Notified of Injury: _____ Time Employee Scheduled to Begin Work: _____

Time Employee Scheduled to End Work: _____ Time Employee Actually Ended Work: _____

Date Injury Occurred: _____ Time of Injury: _____ AM/PM

Did Accident Occur on Employer's Premises? Yes _____ No _____

Explain: _____

What Was the Employee Doing When Injured? (Be specific, identify tools, equipment or material the employee was using)

Object/Substance That Directly Injured the Employee? (e.g. the machine employee struck against; the vapor or poison inhaled or swallowed; the chemical that irritated the skin. In cases of strains, the thing that was lifted, pulled, etc.)

Describe the Injury or Illness: (e.g. Cut, Strain, Fracture, etc.) _____

Part of Body Affected? (e.g. Back, Left Wrist, Right Eye, etc.) _____

Name and Address of Treating Facility and Physician: _____

Describe the Treatment Rendered: _____

Did Employee Lose One Full Day's Work After the Injury? No _____ Yes _____ If Yes, Date Last Worked: _____

Has Employee Returned to Work? Yes _____ If Yes, Date Returned to Work: _____

No _____ If No, When Do You Anticipate Employee's Return? _____

Signature of Supervisor/Title _____ Signature of Injured Employee _____

Date This Claim Form Was Submitted to Supervisor or Director: _____

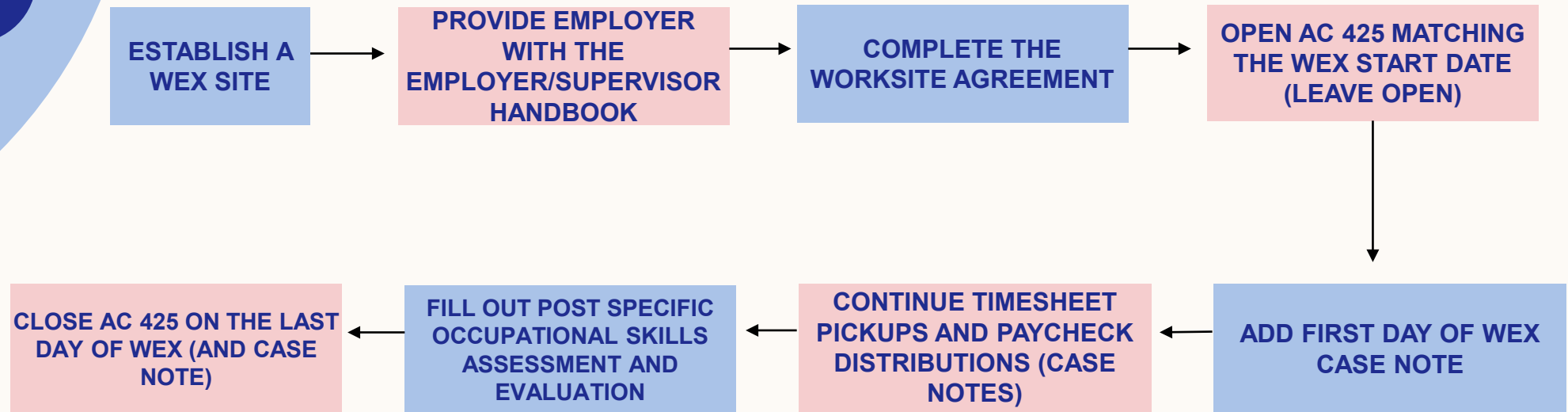
Date This Completed Claim Form Was Submitted to HR: _____



WEX PLACEMENT TIMELINE

1. Connect with a WEX site depending on youth I.S.S and expressed interests.
2. Provide employer/supervisor handbook to WEX supervisor.
3. Fill out the worksite agreement (you will need an established start date for the youth).
4. Open Activity code 425 with begin date matching start date on worksite agreement (leave open) with a matching case note.
5. Timesheet pickups and keep track of youth wages in hard file and case notes.
6. Close activity code 425 on their last day of WEX
7. Have the WEX supervisor fill out another specific occupational skills assessment and evaluation. (Kept in hard file)
8. Provide a last day of WEX case note for the date you close the activity code.

WORK EXPERIENCE (WEX) FLOW ¹⁹



- ❖ You must keep track of timesheets and pay with case notes and copies in hard file.
- ❖ Pre (first day) and Post(last day) specific (occupational) skills assessment and evaluation in hard file.



WEX ACTIVITY AND CASE NOTES

WORK EXPERIENCE-AC 425


- ❖ Activity code 425 is opened on the WEX start date.
- ❖ The expected end date should match the end date on the Worksite Agreement. (Depends on the number of hours they are given the opportunity to complete)

❖ AC 425 is left open until the youth ends WEX. (Close on their last day)

❖ This section is left blank to leave a AC code open

Closure Information

Enrollment Summary: Enrollment ID: [REDACTED]
Username: [REDACTED]
WIOA Application ID: [REDACTED]
Youth Funding: Out Of School Youth
Activity Code: 425 - Work Experience (Paid)
Activity Dates: 3/3/2023 - 5/31/2023

Last Activity Date:  [Today](#)

Completion Code:

School Status on Last Day of Service:

School Status Verification: [[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

CASE NOTE 425-WORK EXPERIENCE (START DATE) EXAMPLE

SUBJECT: AC 425-FIRST DAY OF WEX

Case Manager met with supervisor and youth to go over the worksite agreement. Youth started their paid work experience today 7/20/2023 at Rite Aid. Their position is a Rite Aid Team Member, and duties consist of customer service, stocking, inventory, unpacking products, facing products, and overall organizing merchandise throughout the store. They will be paid \$15.50 per hour for 180 hours, which is estimated to be completed 11/6/2023. Case manager will continue to check on youth throughout their work experience.

WEX TIMESHEET AND PAYCHECK PICK UP

- ☐ The case manager will need to document timesheets collected for specific pay periods the youth is paid by WIOA funds, during their Work Experience (WEX).
- ☐ This includes having the timesheets with the evaluations in the hard file, and a correlating case note.
- ☐ As well as documentation for their wages/pay in hard copy and a correlating case note.
- ☐ **DOES NOT NEED AN ACTIVITY CODE**

WEX TIMESHEET PICK UP CASE NOTE EXAMPLE

SUBJECT: WEX Timesheet pick up (7/17/23-7/28/23)

Case manager picked up timesheet from Rite Aid for pay period 7/17/2023-7/28/2023. Youth worked 28 hours out of 180 hours for this pay period. Supervisor expressed that the youth was a fast learner and has been a hard worker.

(May want to mention timesheet evaluation if there is something that needs to be addressed)

WEX PAYCHECK PICK UP CASE NOTE EXAMPLE

SUBJECT: WEX Paycheck pick up (7/17/23-7/28/23)

Youth picked up their paycheck for pay period 7/17/2023-7/28/2023. Youth picked up paycheck in the amount of \$369.00 for working 28hrs this pay period.

(Mention any updates, if needed)

CASE NOTE 425-WORK EXPERIENCE (END DATE) EXAMPLE

SUBJECT: AC 425-LAST DAY OF WEX

Today the youth successfully completed 180 hours of Work Experience at Rite Aid as a Team Member. They were offered a permanent position by the supervisor at Rite Aid and will be meeting with the case manager to fill out the application. The supervisor informed the youth that the application needed to be submitted ASAP and a tentative start date would be 11/20/2023.



WHAT'S A DIRECT HIRE?

DIRECT HIRE

- ☐ If the youth is enjoying their WEX, the case manager should encourage the employer to hire on the youth if there is an open permanent position.
- ☐ When the youth is picked up by their WEX site as a permanent employee, that means they are transferring to that employers payroll.
- ☐ They may either be directly hired before finishing their WEX hours or afterward.
- ☐ Make sure to case note any employment whether it is a direct hire or another employer.
- ☐ **DOES NOT NEED AN ACTIVITY CODE**

DIRECT HIRE/EMPLOYED CASE NOTE EXAMPLE

SUBJECT: YOUTH DIRECT HIRE OR EMPLOYED

Today the youth started their first day of work at Rite Aid. They finished their WEX on 7/31/2023 and were directly hired on permanently. Case manager congratulated client on their job positions and will continue to check in on their employment.
(Details on direct hire position):

Employer (Name):

Position:

Full/part time (Hours):

Hourly Pay rate:

Supervisor (Name and phone #):



YOUTH EMPLOYMENT PLACEMENT FORM

-This form should be filled out when a youth starts employment/training during the program year or in follow up.

-Form is emailed to Youthmis@seta.net and kept in the hard file.

Youth Employment Placement Form

Participant Name:

Last 4 of Social:

Agency Name:

Submission Date:

1. Training Provider

-Training Program Name:

-Did they receive a certificate/credential? Yes ☐ No ☐

(If yes, select what was received): High School diploma/GED/Equivalent ☐ AA/AS Degree ☐

BA/BS Degree ☐ Occupational Skills License/Certificate or Credential ☐ Post Grad. Degree ☐

Other ☐

Date Received:

2. Entered Employment

-Employer Name:

-Employer Address, City,
State, & zip code:

-Employer Contact Name:

-Employer Phone Number:

-Employer Email Address:

3. Job/Occupation Information

-Hours per week:

Hourly Wage:

Start date:

-Receiving Fringe Benefits: Yes ☐ No ☐

-Covered by Unemployment Compensation: Yes ☐ No ☐

-Entrepreneurial and/or Self Employment: Yes ☐ No ☐

-Registered Apprenticeship: Yes ☐ No ☐

-Active Military Service: Yes ☐ No ☐

-Is this considered Non-Traditional Employment? Yes ☐ No ☐

-Is this considered Training Related Employment? Yes ☐ No ☐ Training did not impact Job-

Specific skills ☐ Relationship of employment to training cannot be determined ☐

Case Manager Signature:

**ALL FORMS CAN
BE FOUND ON THE
SETA.NET
WEBSITE FOR WEX**

THANK YOU!