**WIOA Youth Work Experience (WEX) Work Site List**

Agency Name:

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Employer/Work site** **(Name and Address)** | **Supervisor (s) Name and phone #** | **Occupational Title (s)** | **Total planned placements per site** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |