



POLICIES AND PROCEDURES

SECTION: Operations	POLICY #: OPS 14	PAGE 1 of 13
TITLE: WIOA Adult / DW / Youth Work Experience	EFFECTIVE DATE: 04.01.2025	
SUPERSEDES: OPS# 31 WIOA AD/DW/Youth Work Experience	DATED: 04.12.2022	

I. PURPOSE

To establish policy and procedures for WIOA Youth, Adult and DW work experience implementation under the Workforce Innovation and Opportunity Act (WIOA).

II. APPLICATION

This policy applies to CSNCFL staff and partners for delivery of WIOA Work Experience activities.

III. POLICY

- A. Work Experience is designed to provide participants with exposure to the world-of-work and its requirements, while simultaneously providing for career exploration and skills development. All youth work experience must include an academic and occupational component which may be delivered through skills learned while at the worksite or be concurrent with academic education delivered outside of the worksite. Work experience is for a limited duration.
- B. CSNCFL requires that a worksite agreement be executed and that a Training Plan be developed for each participant. Work Experience participants cannot be used to replace regular employees.
- C. Prior to being assigned to a work experience, all youth shall be provided with employability skills training by their career navigator or through a virtual workshop. A part of the training shall include financial literacy.



- D. Participant worksites shall be visited by career navigators, QA staff or contracted services staff at least monthly during the course of the WEX.
- E. In-school youth assigned to a WEX may not work more than 3 hours a day during a school week for a maximum of 15 hours.

IV. DEFINITIONS

CareerSource North Central Florida - also referred to as CSNCFL, is the name of the one-stop career center, a member of the American Job Centers. It also refers to the administrative entity for the Dual County Workforce Development Council and the North Central Florida Workforce Development Board.

Employ Florida - The web-based, state management information system that records, tracks, and reports employment services and activities provided to job seekers and employers. This system is also used to provide case management to WIOA participants.

Individual Service Strategy - An individual service strategy (ISS) is an individual plan for a WIOA participant which includes an employment goal, achievement objectives and the appropriate combination of services for the participant based on their objective assessment. Work experience must be included in the ISS if appropriate for the participant

Participant - For purposes of this policy, is a WIOA eligible participant registered in EF, enrolled in a WIOA program and receiving services

Training Plan - A document that identifies the skills to be obtained, and the goals and time limits for the activity. Training Plans should be based upon the participant's assessment, an Individual Service Strategy, and the job description.

Work Experience – Also referred to as WEX. A planned, structured learning experience that takes place in the workplace for a limited period of time.

Worksite - A site located with a non-profit organization, public sector agency, or for-profit entity where work is performed.

Worksite Agreement – An agreement between NCFWDB, CSNCFL or a CSNCFL service provider and the non-profit organization, public sector agency, or for-profit entity which is serving as the host worksite which sets forth the terms and conditions under which a work experience will be provided to a participant.

V. PROCEDURES

A. Identifying Eligible Participants	
Responsibility	Action
WEX Coordinator and contracted Employer of Record	1. Provide a WEX Orientation which must include a discussion of the following elements: <ul style="list-style-type: none"> a. The purpose of the Work Experience Program b. Wages c. Hours d. Length of the Work Experience e. Discuss the Training Plan which includes the job duties and responsibilities f. The Supportive services available, if needed g. Attendance and Timesheets h. Copy of the Orientation i. Completed and signed I-9 j. Completed and signed W-4 k. Completed Payroll account documents
Career Navigator	2. The connection between the WEX and the participant's overall career goals provided to the participant. For youth this must include an understanding of the connection between the youth's occupational and academic interests. 3. Name, Email & Phone Number of WIOA case manager assigned to the participant. 4. Add WEX as an employment goal in the participant's Individual Service Strategy and for youth the connection to the youth's occupational and academic goals.
Career Navigator and WEX Coordinator	5. Enter a case note in Employ Florida regarding the interactions with the participants detailing the above.

B. Developing Work Experience Worksites	
Responsibility	Action
<p>Contracted Employer of Record staff</p>	<ol style="list-style-type: none"> 1. Evaluates the worksite employer 's ability to supervise and provide a meaningful Work Experience. Evaluates the safety of the worksite. 2. Identify the jobs that would be available to participants and note adherence to child labor laws as they apply to youth participants. 3. Explain the Work Experience program to the worksite employer: <ol style="list-style-type: none"> a. Purpose of the Work Experience Program b. Training Plan: job duties and responsibilities c. Conducting a participant evaluation d. Supervision e. Wage, Hours, & Length of the WEX f. Payroll & Attendance g. Insurance & Workers Compensation Requirements – Add NCFWDB and CSNCFL to the organization’s Liability Insurance prior to the submission of the Worksite Agreement h. Prohibition against sectarian activities i. Participant Grievance Procedures j. Worksite Monitoring k. Copy of the Worksite Supervisor’s Manual l. Name, Email & Phone Number of the WIOA participant’s case manager
<p>WEX Coordinator</p>	<ol style="list-style-type: none"> 4. Obtains a completed and signed Worksite Agreement from the employer. 5. Submit Worksite Agreement Packet to the CEO for review: <ol style="list-style-type: none"> a. One (1) copy of WEX Agreement with original signatures b. One (1) copy of signed Exhibits c. Articles of Incorporation for a for profit or not for profit entity d. Work Experience Job Descriptions Form /Training Plan e. Third Party Certificate of Liability Insurance (as described in item g above)

C. Work Experience Agreements	
Responsibility	Action
CEO	<ol style="list-style-type: none"> 1. Reviews the Work Experience Agreement and Training Plan. <ol style="list-style-type: none"> a. Ensures the copy is signed and witnessed in the appropriate places. b. Ensures all sections of the Training Plan are completed, are appropriate for the participant, and work hours do not exceed the contracted amount. 2. Signs the Agreement 3. Forwards the WEX Agreement to Program Staff.
Business Services staff WEX Coordinator	<ol style="list-style-type: none"> 1. Enters the Employer, the Worksite and Work Experience opening(s) into the Work Experience Database. 2. Sends an e-mail to the appropriate staff indicating the contract is approved and a participant can be placed at the site.
D. Work Experience Training Packet	
Responsibility	Action
Career Navigator	<p>Prior to assigning youth to the Work Experience assures the following items are in the participant file:</p> <ol style="list-style-type: none"> a. Copy of participant photo ID & SS card
E. Timesheets & Payroll	
Responsibility	Action
Worksite Supervisor	<ol style="list-style-type: none"> 1. Checks entries and verifies the hours entered by the participant and computes the daily, weekly and pay period totals for hours worked by the participant. Assures time is not entered in advance of work performed.
Participant	<ol style="list-style-type: none"> 1. Signs in and out every work period, including signing in at the beginning of work; signing out when taking lunch; signing in when returning from lunch; and signing out at the end of the day upon departing for home.

F. Timesheets & Payroll (cont.)	
Responsibility	Action
WEX Coordinator	<ol style="list-style-type: none"> 1. Uploads and files time sheets in the participant's case file in Atlas.
Contracted Employer of Record staff	<ol style="list-style-type: none"> 1. Tracks total number of hours completed by each participant to ensure they do not exceed approved amount. 2. Provides a report of hours to finance with the invoices for reimbursement.
G. Notifications to WEX Worksite of End Date and Final Assessment	
Responsibility	Action
WEX Coordinator	<ol style="list-style-type: none"> 1. Notifies the Worksite Supervisor and participant via email when the participant has two weeks remaining in their work experience, based on the hours in the Training Plan. This will serve as a "two-week" notice to all parties. 2. Contacts the Worksite Supervisor within 3 days after the participant's end date to have the Worksite Supervisor to complete the Work Experience Participant Evaluation Form. 3. Meets with the participant to go over the evaluation and scans the evaluation into the participant's file.



VI. EXCEPTIONS

Exceptions to this policy, or any part thereof, must be approved by the CSNCFL CEO.

VII. REFERENCES

None

VIII. EXHIBITS

Exhibit A: Work Experience Contract Cover Sheet- page 8

Exhibit B: Work Experience Project Plan- page 9

Exhibit C: Work Experience Timesheet Procedures and Instructions- pages 10-11

Exhibit D: Work Experience Training Plan- page 12

Exhibit E: Work Experience Job Description- page 13

OFFICIAL SIGNATURE

PHYLLIS MARTY
Chief Executive Officer



FUNDING: Youth WIOA Adult & Dislocated Worker

Work Experience Contract Cover Sheet

Worksite Name _____

CSNCFL internal use only. This package includes the following:

<input type="checkbox"/> WEX Project Plan	<input type="checkbox"/> WEX Timesheet Procedures Acknowledgment
<input type="checkbox"/> Training Plan	<input type="checkbox"/> Job Description
<input type="checkbox"/> Certificate of Liability	<input type="checkbox"/> Sunbiz

Date _____
WIOA WEX Coordinator

Date _____
WIOA Program Supervisor (Youth or Adult)

Comments:



WIOA Youth Work Experience Project Plan

WORKSITE:

Worksite Address:

Contract Start Date:

Contract Termination Date:

Supervisor Name:

Title:

Email:

Phone:

Secondary Supervisor Name:

Title:

Email:

Phone:

Job Title:

Rate of pay:

Work Schedule Total work hours shall be equal to but not surpass 40 total hours each week or 8 hours a day

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Time:

End Time:

Job Description:

My signature below indicates that I have read, understand and will adhere to the requirements outlined here and that failure to adhere to these requirements may lead to termination of the placement.

Worksite Representative Signature

Date

Worksite Representative Signature

Date



WEX Timesheet Procedures Acknowledgment Form

1. Adult and OSY over 18 participants cannot work more than eight (8) hours a day, and up to forty (40) hours a week. ISY cannot work more than 3 hours a week during a school week and no more than 8 hours a day on a non-school day.

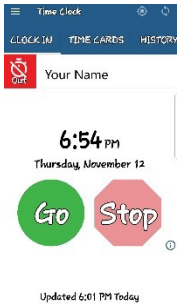
OVERTIME, HOLIDAY PAY, LEAVE TIME or any time not worked will not be paid.

2. Participants must have the Exaktime App downloaded and activated on their phone prior to their first day on the worksite
3. Participant must clock in immediately before starting work. If taking a break, participant must clock out at the start of the break and clock back in when resuming work. At the end of a shift the participant must immediately clock out for the day. Participant must use the clock in procedure detailed on the next page.
4. Staff will review and approve time for each participant using the Exaktime portal no later than 9am on the Monday before a pay date. Staff may check with the participant and/or worksite supervisor(s) to correct any discrepancies.
5. The Work Experience Coordinator is responsible for notifying the participant and worksite of the remaining hours of the participant's internship, the veracity of the timesheets, and notifying the participant and worksite of when the participant's internship will end.
6. **Participant understands that this Work Experience is as work-activity funded under the Workforce Innovation and Opportunity Act and NOT considered "employment". Therefore, the participant will not receive benefits, nor be eligible for reemployment assistance (unemployment compensation)**

Participant's Name: _____

Participant's Signature: _____

Supervisor's Signature: _____ **Date:** _____



TO CLOCK IN

1. Click the “GO” button
2. Next page is the Job Location.
Make sure you are choosing the correct location of your Jobsite.
(if you are not sure call the number above or ask your supervisor)
3. Select your Job Code
4. Your selfie camera will come up prompting you to take a photo of yourself.
5. Your APP will then go back to the Original PIN screen



**Work Experience
TRAINING PLAN**

Worksite:

Requested Start Date:

Worksite Address:

Actual Start Date:

Participant Last Name:

First Name:

Supervisor Name:

Title:

Email:

Phone:

Secondary Supervisor Name:

Title:

Email:

Phone:

Position Title: WEX

Hourly Wage Rate: \$13.00

Work Schedule							
Participant is allowed to work any time between the days/hours listed below, not to exceed 40 hours a week and not to exceed more than 8 hours a day.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							
Total Hours							

Training Plan: Describe the training goals of the internship. May include soft skills.

Training Plan Occupational Goals:

Academic Goals:

My signature below indicates that I have read, understand and will adhere to the requirements outlined here and that failure to adhere to these requirements may lead to termination of the placement.

Participant Signature

Date

Staff Signature

Date

Worksite Representative Signature

Date

Worksite Representative Signature

Date



Work Experience Job Description

To be completed by the Organization that will serve as the Host Work Site

Organization Data	<i>A copy of the business license must be included with the package</i>	
Legal Name of Organization		
Contact Name		
Title		
Address	City	State & Zip
Phone:	Cell:	E-mail
Authorized Contract Signatory		
Title		
Has entity contracted with CSNCFL in the past ? <input type="checkbox"/> Y <input type="checkbox"/> N	What Year? Name of Program	
Job Title #1:		
Will learn how to:		
1.		
2.		
3.		
4.		
5.		
6.		
Job Title #2:		
Will learn how to:		
1.		
2.		
3.		
4.		
5.		
6.		
Add sheets as necessary – Worksite Supervisors are limited to 4 participants		