

Business Solutions Representatives/Worksite Monitors:

Waukesha County

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Payroll: fcipayroll@wctc.edu

Worksite Injury: Maureen Pool, mpool@wctc.edu, (262) 695-7890

PARTICIPANT NAME: _____

PHONE: _____

CAREER PLANNER NAME: _____

PHONE: _____

EMAIL: _____



1. INTRODUCTION

The Work Experience program is designed to enable participants to gain exposure to the working world through structured, time-limited opportunities that provide for career exploration and skill development. Through positive work experiences, the participant will develop positive work attitudes, conscientious work habits, workplace competencies and new skills needed to obtain a job and advance in employment. As a worksite supervisor, you have the opportunity to guide the participant through what may be his/her first employment experience.

This manual will help you to understand the program guidelines governing work hours, and policies/procedures for workplace situations that may develop. Should you have any questions about topics in this manual, please contact the appropriate worksite monitor listed on the cover page. Thank you for being a part of the Work Experience program! We hope you will continue to be a worksite year after year and that your organization will benefit from participation as much as the participants participating in the program.

2. ELIGIBILITY

The program is designed for participants between the ages of 14 ½ and 24. Forward Careers, Inc. (FCI) manages the program, pays the participant's hourly rate, and handles all employer related paperwork during the work experience. As such, FCI determines eligibility for the program and worksites determine "fit" within their company. The worksite shall not employ any participant through the program until he/she has been authorized to begin employment by the FCI office. **If a participant starts work before the contract is completed/signed or before the work permit is issued, the worksite will be held liable for payment of the participant's wages.**

3. CHILD LABOR LAWS/ALLOWABLE & DISALLOWABLE DUTIES

If the participant is 15 years of age or under, he/she will need to get a work permit before work can begin. FCI Career Planners will assist with this process. The permit will be kept in the FCI files but copies will be provided to the participant, the worksite and the applicable school district. Permits can be revoked by a written request from the school principal or the participant's parent or legal guardian. Any attempts to resolve problems related to the permit must be referred to the participant's Career Planner so that they are properly documented. Under new state law, work permits are only required for minors under the age of 16 but state and federal laws are still applicable for those under 18. The laws do not limit the hours that minors 16 years of age or over may work, except that they may not be employed or permitted to work during hours of required school attendance under Wis. Stat. § 118.15. Some of the basic child labor laws are:

Youth Under 18:

- ✓ Cannot work in confined spaces
- ✓ Cannot work around asbestos, lead, chemicals or radioactive bacterial/infectious substances
- ✓ Cannot work serving, selling or dispensing liquor
- ✓ Cannot operate or maintain power driven bakery machines
- ✓ Cannot work as a lifeguard, swimming instructor, or aide except when there is constant adult supervision and a RED CROSS or equivalent certificate has been issued to youth
- ✓ Cannot perform roofing, weatherproofing and alteration or maintenance of roofs
- ✓ Cannot operate circular saws, band saws, or guillotine shears unless they are equipped with full automatic feed and injections
- ✓ Cannot work where a labor dispute, such as a strike or a lockout, is in active progress

Maximum hours of work (14 and 15 year olds)

School Days (for those still in high school): Mon, Tues, Wed, Thurs - 5 Hours; Friday and other non-school days - 8 Hours

Permitted Times of Day

School Days (Monday, Tuesday, Wednesday, Thursday): 7 a.m. - 11:00 p.m. Fridays: 7 a.m. - 12:30 a.m.. Non-school day (preceding non-school day): 5 a.m. - 12:30 a.m. Youth must have 8 hours off between work times.

Maximum Days Per Week

6 days per week, youth may not work during hours they are required to attend school or hours contrary to local curfew limits



While child labor laws allow driving on the job under certain conditions, **FCI does not allow participants of any age to drive motor vehicles requiring DMV licensing or special certification as part of work duties.**

4. HOURS AND LUNCH BREAKS

Work experiences must be **over 10 hours per week and cannot exceed 40 hours per week.** Businesses will be responsible for any hours over 40, including any applicable overtime payments. When the participant has worked over 6 consecutive hours, **the participant must receive an unpaid 1/2 hour meal break.** Meal breaks are not counted as paid participation and should not be recorded as part of the participant's work hours. Short breaks that normally are permitted and taken by the participant during the work periods are counted as work time. As the supervisor, you will determine the appropriate time and place for these short breaks.

5. ORIENTATION/ASSIGNMENTS/SUPERVISION SUGGESTIONS

Orientation sessions for participant in the program should include a meeting with you, introduction to other co-workers and the worksite, description of the work done at your worksite, description of the participant's duties, the common goals set for all employees and how they all relate to the participant's performance, worksite safety rules and explanation of worksite rules and expected behaviors.

As supervisor, you will determine the duties and responsibilities of the participant during the program. You will set expectations and help mentor when there are issues or clarification needed. Some helpful guidance:

- ✓ Both you and the participant should determine what tasks will be completed and the best way to accomplish them. You should be "more of a coach and less of a teacher." Allow the participant to plan, implement, complete and evaluate tasks rather than just telling him/her what to do. Participants learn more when sharing responsibilities for their actions and the outcomes of the project.
- ✓ Initially, work closely with participant until you can determine the amount of supervision required.
- ✓ Introduce the participant to all co-workers. Make the participant feel as an accepted and welcomed member of the group.
- ✓ Explain to the participant the need and role of his/her job at your worksite. It is important that no relevant work goes underappreciated. Every job should have some degree of responsibility and challenge if participant are to develop good work habits.
- ✓ Encourage questions and thinking skills.
- ✓ Encourage teamwork between co-workers.
- ✓ Guide participant in dealing with work demands: show him/her how to break a job into individual steps and how to prioritize individual tasks.
- ✓ Make yourself available to the participant for questions and assistance.
- ✓ Reinforce a job well done. Praise work!
- ✓ Explain the importance of attendance on the job: request time off in advance when needed, call in when sick, be on time, etc.
- ✓ Make the participant aware that his/her time at work is valuable to you. Be ready to handle any difficulty as it occurs.
- ✓ Discuss unacceptable work behavior in a non-threatening, positive manner: "You are doing a good job, BUT..."
- ✓ Indifferent or punitive supervision will undermine any job. Expressing interest in a participant's performance and providing encouragement are far more effective.

6. PROGRAM MONITORING

During the course of the work experience, the career planner and worksite monitor will be visiting the participant and the worksite supervisor. The time that is spent by each participant with his/her career planner and/or worksite monitor, is counted as working time. You will be consulted before the meeting is scheduled to create as few work disruptions as possible. The worksite monitor will be reviewing program objectives, work conditions, participant job duties, work schedule, supervision and equipment with both the participant and worksite supervisor. If there are any problems found at the worksite, the career planner and the worksite monitor will recommend a corrective plan of action to be followed.



7. SAFETY OF PARTICIPANTS (A copy of the incident form is attached)

The worksite is responsible for the safety of all its employees, including the participant in the program. Please be sure that the participant is thoroughly instructed in general safety procedures, accident prevention, hazardous situations and emergency protocol. Work-related injuries are covered by Worker's Compensation Insurance, which is provided by FCI. **All injuries occurring at the worksite are to be reported immediately.** The incident report and workers compensation forms must be completed with 24 hours and faxed to the Executive Assistant at (262) 695-7890. Employers must also keep a hard copy of the reports in their files.

You need to keep the completed Medical Emergency card with pertinent participant information in your records so that the parents or legal guardians can be contacted in the event that the participant requires medical attention while on the job. Discuss all the following issues with the participant:

- | | |
|---|--|
| ✓ Let the supervisor know about defective/faulty equipment | ✓ Pay attention |
| ✓ Dress safely for the job (i.e. no loose clothing, jewelry, long hair/sleeves that are not appropriate for machinery work) | ✓ Daydreaming and horseplay will lead to accidents |
| ✓ Always wear safety equipment/devices (such as safety glasses) that are required. | ✓ Stay organized |
| ✓ Do not work that has not been authorized | ✓ Keep work area clean, orderly and litter free. Put things back after use |
| ✓ Do not lift more than what can be safely lifted | ✓ Put tools away |
| | ✓ Do not block aisles and stairways |
| | ✓ Clean up wet spots |
| | ✓ Report all injuries |

8. LIABILITY

FCI is not responsible for any liability other than what is covered by the Worker's Compensation Insurance for the participant, as the participant is not working in the FCI facility and is not being supervised by FCI staff.

9. STANDARDS OF ATTENDANCE AND PERFORMANCE/EVALUATION GUIDANCE

Work Attendance: Participants must be at the worksite, ready to work, as scheduled. Every absence must be reported on the timesheet. If absence is caused by illness and lasted for two days or longer, a doctor's excuse may be required to return to work. If the participant must be absent for any reason, the participant must notify you as far in advance as possible. You can then decide to adjust the participant's scheduled work hours.

Work Performance: A successful level of production will be achieved when the participant consistently: Follows directions, meets or exceeds the skill level to do the assigned task and completes assigned jobs in a timely manner.

Work Attitude: Successful development of a good work attitude will be achieved when the participant develops a positive approach to: job tasks, other workers, and authority vested in supervisory personnel.

10. TIMESHEET/EVALUATION FORM (A sample copy of the timesheet/evaluation form is attached.)

Hours must be recorded daily by the participant and should only reflect actual hours worked, rounded to the nearest quarter hour. Absences, tardiness, recreation time or lunches should not be counted as work time.

Supervisors are responsible for collecting the timesheets, verifying the hours worked, completing the evaluation section, securing the participant's signature, signing as the supervisor and emailing (preferred) or faxing the timesheets to the FCI. Inaccurate, incomplete and missing signatures on timesheets will be returned, resulting in a delayed paycheck. Late timesheets will be held and processed in the following pay period. No checks will be issued between scheduled paydays. Paychecks are directly deposited into the participant's account or mailed to the participant's home address.



Completing the Timesheet

- Email completed timesheets to fcipayroll@wctc.edu

Tip: Record the participant's work hours daily. Complete the evaluation portion of the timesheet and sign biweekly. Please verify that the information provided by the participant is correct:

Timesheet For:	Participant's full name, print/type legibly.
Pay Period:	Begin and end dates for the correct pay period (see reverse of time sheet).
Name of Worksite/Phone:	Name of your worksite and worksite phone number.
Work Hours:	The hours worked for the dates that were listed and the total hours worked for the pay period. The hours listed should only include actual time worked and DOES NOT include time scheduled, but not worked due to absences, being sent home due to inclement weather, etc.
Absent, Tardy, Sick or Holiday:	Mark A, T, S or H on the day these occurred. Briefly note reasons for A or T.
Work/Attendance Evaluation:	This section must be completed by the worksite supervisor each pay period. Please review your evaluation with the participant each pay period prior to submitting the timesheet.
Signatures:	Both you and the participant must sign the timesheet. Timesheets without proper signatures will be returned and that can delay the issuance of the paychecks. You may not sign for the participant and he/she may not sign for you. If the participant is unavailable for signature, please fax or send in timesheet to FCI without signature, and FCI will contact him/her.

Please mark the Evaluation section realistically. Keep in mind that no matter how much care went into matching the participant to your worksite, the participant still has not developed all of the skills necessary to succeed at any workplace. Skill levels are going to differ from participant to participant. Please be patient and maintain an open mind regarding his/her progress. Be careful not to assume that everyone learns at the same pace. Evaluate his/her progress according to the individual participant's own abilities and limitations.

Even though your evaluation will be shared promptly with the participant's Career Planner, it is important that you contact the Career Planner or worksite monitor if there are any problems. Our intention is to immediately resolve any issues that may come up during the program so that a positive working and learning relationship will always exist between you and the participant.

11. DISCIPLINARY ACTION POLICY (A sample copy of the Written Warning Notice is attached)

FCI desires effective employee/employer relationships at the worksite in order to make this program a success. Therefore, conduct detrimental to you and other supervisory staff, customers or co-workers is not acceptable. Unsatisfactory job performance will be addressed with appropriate and timely actions. For these reasons, Workforce Development, Inc. has developed a policy for disciplinary action to be carried out by you and the participant's case manager.

Gross misconduct on the job, theft, possession of firearms at the worksite, reporting to work under the influence of illegal drugs or alcohol, or other conduct as severe in magnitude are behaviors subject to immediate termination without prior notice or less severe disciplinary actions.

Less severe violations, sub-standard work performance and poor attendance will be subject to progressive disciplinary actions to allow the participant to correct undesirable conduct without losing employment. You, the worksite monitor and the career planner will make a reasonable effort to resolve the problem with the participant.

PROGRESSIVE DISCIPLINARY ACTIONS

- **Verbal Warning:** Participant will be told by you and the worksite monitor and case manager what conduct, performance or violations must stop or change.
- **Written Warning:** Participant is given a written explanation of the conduct, performance or violation that must stop or change. The warning includes information about termination if conduct does not change. A copy of the written warning is given to the participant. The original, signed by the case manager and kept in the participant's file.
- **Suspension:** One or more day's suspension from work without pay.
- **Termination:** Self-explanatory.

These disciplinary steps are to be considered a guideline only. You and the career planner reserve the right to fully consider all pertinent facts in taking disciplinary actions. Numerous minor offenses, flagrant violations, etc. will not be tolerated and may accelerate the process.

12. GRIEVANCES

If the participant has a problem or feels that he/she is treated unfairly, he/she should talk you first. If the problem persists, is not resolved, or the participant feels that problem still exists; he/she should contact the FCI Career Planner as soon as possible. If the Career Planner is not available or cannot resolve the problem, he/she should contact the Program Manager at FCI office (262) 695-7981 immediately.

EMPLOYER'S FIRST REPORT OF INJURY OR DISEASE

Forward Careers, Inc. provides workers compensation for program participants placed at your business through our work experience program. In the event of an accident, this form should be completed and sent to Maureen Pool at mpool@wctc.edu or by fax at 262.695.7890. To ensure form is received, please call 262.695.8044.

Fatal Injuries: Employers subject to ch. 102, Wis. Stats., must report injuries resulting in death to the Department and to their insurance carrier, if insured, within one day after the death of the employee. **Non-Fatal Injuries:** If the injury or occupational illness results in disability beyond the three-day waiting period, the employer, if insured, must notify its insurance carrier within 7 days after the injury or beginning of disability. Medical-only claims are to be reported to the insurance carrier only, not the Department. **Electronic Reporting Requirement:** All work-related injuries and illnesses resulting in compensable lost time, with the exception of fatalities, must be reported electronically to the Department via EDI or Internet by the insurance carrier or self-insured employer within 14 days of the date of injury or beginning of disability.

Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. (Please read the instructions on page 2 for completing this form)

EMPLOYEE	Employee Name (First, Middle, Last)		Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No.	
	Employee Street Address		City	State	Zip Code	Occupation	
	Birthdate	Date of Hire	County and State Where Accident or Exposure Occurred?				
EMPLOYER	Employer Name Forward Careers, Inc.		WI Unemployment Ins. Acct No.	Self-Insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Nature of Business (Specific Product) Employment and Training	
	Employer Mailing Address 892 Main Street, Suite A		City Pewaukee	State WI	Zip Code 53072	Employer FEIN	
	Name of Worker's Compensation Insurance Co. or Self-Insured Employer					Insurer FEIN	
	Name and Address of Third Party Administrator (TPA) Used by the Insurance Company or Self-Insured Employer					TPA FEIN	
WAGE INFORMATION	Wage at Time of Injury \$	Specify per hr., wk., mo., yr., etc. Per:	In Addition to Wages, Check Box(es) if Employee Received:		<input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Tips	No. of Meals/wk. No. of Days/wk. Avg. Weekly Amt. \$	
	Is Worker Paid for Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, After How Many Hours of Work Per Week?						
	For the 52 Week Period Prior to the Week the Injury Occurred, Report Below the Number of Weeks Worked in the Same Kind of Work, and the Total Wages, Salary, Commission and Bonus or Premium Earned for Such Weeks.						
	No. of Weeks:	Gross Amount Excluding Tips: \$		If Piece-Work, No. of Hrs. Excluding Overtime:			
			Start Time	Hours Per Day	Hours Per Week	Days Per Week	
	Employee's Usual Work Schedule When Injured:		: <input type="checkbox"/> AM <input type="checkbox"/> PM				
INJURY INFORMATION	Employer's Usual Full-Time Schedule for This Type of Work at Time of Employee's Injury:						
	Part-Time Employment Information:	Are there Other Part-Time Workers Doing the Same Work With the Same Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?			Number of Full-Time Employees Doing The Same Type Of Work:		
	Injury Date	Time of Injury : AM : PM	Last Day Worked	Date Employer Notified	<input type="checkbox"/> Date Returned to Work <input type="checkbox"/> Estimated Date of Return		
	Did Injury Cause Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death	Was This a Lost Time or Other Compensable Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Injury Occur Because of: <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Failure to Use Safety Devices <input type="checkbox"/> Failure to Obey Rules		
	Was Employee Treated in an Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Employee Hospitalized Overnight as an In-Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Name and Address of Treating Practitioner and Hospital: Case Number from the OSHA Log: Injury Description - Describe Activities of Employee When Injury or Illness Occurred and What Tools, Machinery, Objects, Chemicals, Etc. Were Involved. What Happened to Cause This Injury or Illness? (Describe How The Injury Occurred) What Was The Injury or Illness? (State the Part of Body Affected and How It Was Affected)						
Report Prepared By		Work Phone Number		Position		Date Signed	

SEND REPORT IMMEDIATELY VIA EMAIL TO MPOOL@WCTC.EDU OR BY FAX TO 262.695.7890

EMPLOYER AND INSURANCE CARRIER INSTRUCTIONS

The employer must complete all relevant sections on this form and submit it to the employer's worker's compensation insurance carrier or third party claim administrator within seven (7) days after the date of a work-related injury which causes permanent or temporary disability resulting in compensation for lost time. The employer's insurance carrier or the third-party claim's administrator may request that this form also be used to immediately report any injury requiring medical treatment, even though it does not involve lost work time.

For any work injury resulting in a **fatality**, the employer must also submit this form directly to the Department of Workforce Development **within 24 hours of the fatality**.

An employer exempt from the duty to insure under s. 102.28, Wis. Stats., and an insurance carrier administering claims for an insured employer are required to submit this form to the Department of Workforce Development within 14 days of the date of work injury.

MANDATORY INFORMATION

In order to accurately administer claims, each of the following sections of this form must be completed. The First Report of Injury will be returned to the sender if the mandatory information is not provided.

Employee Section: Provide all requested information to identify the injured employee. If an employee has multiple dates of employment, the "Date of Hire" is the date the employee was hired for the job on which he or she was injured.

Employer Section: Provide all requested information to identify the injured worker's employer at the time of injury. Provide the name and Federal Employer Identification Number (FEIN) for the insurance carrier or self-insured employer responsible for the worker's compensation expenses for this injury. Also identify the third party claim administrator, if one is used for this claim.

Wage Information Section: Provide the information requested regarding the injured employee's wage and hours worked for the job being performed at the time of injury.

Injury Information Section: Provide information regarding the date and time of injury. Provide a detailed description of the injury, including part of the body injured, the specific nature of the injury (i.e., fracture, strain, concussion, burn, etc.) and the use of any objects or tools (i.e., saw, ladder, vehicle, etc.) that may have caused the injury. Provide the name of the person preparing this report and the telephone number at which they may be reached, if additional information is needed. This form was designed to include information required by OSHA on form 301. If this section is completed and retained, the employer will not have to complete the OSHA 301 form.

Print form to sign and submit by email: fcipayroll@wctc.edu or Fax to 262.695.7890
ILLEGIBLE, INCOMPLETE or UNSIGNED TIMESHEETS WILL BE RETURNED

Employee Information

Participant Name: _____
(First) (Last)

Business Name: _____ Phone: _____

Payroll Information

Pay Period:	To							DUE DATE:							by 9:00 a.m.	
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL PAY PERIOD
Start Time																
End Time																
Lunch (If worked more than 6 hours)																
Total Hours or Code* (HR/Code)																

*A = Absent T = Tardy S = Sick H = Holiday

Work Readiness Skills Evaluation

Performance Rating:	1 - Improvement Needed	2 - Needs Development	3 - Average	4 - Above Average	5 - Advanced
	Rating	Comments			
Attendance & Punctuality					
Follows Directions					
Reading, Writing, & Math Job Skills					
Works Well With Others					
Attitude					
Workplace Attire					
Work Independently					
Obeys Worksite & Safety Rules					
Communication Skills					
Contribution To Worksite					

Signatures

*By signing this time sheet I certify that I have carefully reviewed this timesheet and that the hours reported on this timesheet, including all start and stop times, are accurate and that the Work Readiness Skills Evaluation Rating and Comments has been reviewed.

Participant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



Print form to sign and submit by email: fcipayroll@wctc.edu or Fax to 262.695.7890
ILLEGIBLE, INCOMPLETE or UNSIGNED TIMESHEETS WILL BE RETURNED

Employee Information

Participant Name: Joe Jobseeker
(First) (Last)
Business Name: Happy Camper Phone: 262.335.5304

Payroll Information

Pay Period: 1/13/19								To: 1/26/19								DUE DATE: 1/28/19 by 9:00 a.m.								TOTAL PAY PERIOD
	SUN	MON	TUE	WED	THU	FRI	SAT		SUN	MON	TUE	WED	THU	FRI	SAT									
Start Time		8:00	8:00	7:45		8:00					8:00	8:00	8:00	8:00										
End Time		4:30	3:00	10:45		4:30					4:30	4:30	4:30	4:30										
Lunch (If worked more than 6 hours)		.5	.5			.5					.5	.5	.5	.5										
Total Hours or Code* (HR/Code)		8	6.5	3	S	8				H	8	8	8	8										57.5

*A = Absent T = Tardy S = Sick H = Holiday

Work Readiness Skills Evaluation

Performance Rating: 1 - Improvement Needed 2 - Needs Development 3 - Average 4 - Above Average 5 - Advanced				
	Rating	Comments		
Attendance & Punctuality	3	Solid this week, last week sick one day and left early one day		
Follows Directions	2	Working with Joe on asking questions when he's unsure of assignment		
Reading, Writing, & Math Job Skills	4			
Works Well With Others	4	Great team player!		
Attitude	3			
Workplace Attire	4	Always appropriate		
Work Independently	2	Needs more development		
Obeys Worksite & Safety Rules	4	Very safety conscious		
Communication Skills	2	Needs better communication when he's unsure		
Contribution To Worksite	3	Moving in the right direction		

Signatures

*By signing this time sheet I certify that I have carefully reviewed this timesheet and that the hours reported on this timesheet, including all start and stop times, are accurate and that the Work Readiness Skills Evaluation Rating and Comments has been reviewed.

Participant Signature: Julie Camper Date: 1/22/19
Supervisor Signature: Joe Jobseeker Date: 1/22/19



Participant Information

Participant _____

Worksite _____

Worksite Supervisor _____

- ☐ Previous verbal warning given
- ☐ 1st Written Warning
- ☐ 2nd Written Warning

Issue / Resolution

Problem

Corrective Action Required

Support Needed or Requested to Correct Actions

Signatures

Participant _____ Date _____

Worksite Supervisor _____ Date _____

Career Planner _____ Date _____

Consequences for not following through with agreed upon corrective action could include additional warnings or termination from the work experience program.