



WORK EXPERIENCE ORIENTATION/ENROLLMENT ACKNOWLEDGEMENT

Participant: _____ Worksite: _____

Supervisor: _____ Date: _____

Participant Emergency Contact: _____

Worksite visited to orient both participant and supervisor(s) to Work Experience program. Program rules, regulations and worksite agreement were discussed. Employer was advised that lay-offs or hiring freezes must be reported to the Case Manager within three (3) working days of such action. The supervisor and participant received information regarding timesheets and payroll procedures. Other information introduced: rate of pay, hours to be worked, and the responsibilities of participant and supervisor while participating in the program. The participant and case manager discussed the worksite training plan and participant was advised to contact case manager regarding questions or problems relating to the program.

The Participant consents to allowing the South Central Workforce Investment Board to obtain and keep financial records of wages earned while on the Work Experience program for company auditing purposes.

The Participant consents to allowing South Central Workforce Investment Board to obtain I-9 form and supporting documentation (i.e. Driver's license/State ID & Social security card) for auditing purposes to demonstrate status of legal to work in the U.S.

If the participant is injured on the job, the following procedures will be used:

1. The participant will report this to the worksite supervisor immediately. The supervisor will call **Jody James at (417) 293-5768** and the participant will be sent to their medical provider for treatment if needed.
2. The accident reporting forms will be filled out. By signing promptly, you will ensure that there are no delays in payment of indemnity wages if needed.
3. The medical provider will identify any injury related restrictions. For example: limits on the amount participant can lift, pull, limits on motion, etc. before the participant is able to return to work.
4. If work is available within the restrictions specified by the doctor, the participant will be offered an appropriate modified duty position by the employer of record. The physical restrictions will be reviewed weekly (or as required) to ensure progress toward returning to full duty.

Participant Signature

Worksite Supervisor Signature

South Central WIB Staff Signature