

WORK EXPERIENCE TRAINING AGREEMENT

This agreement outlines work to be performed by Participant during the Work Experience (WEX). It is to be completed by Worksite Liaison on or before WEX Start Date with contributions from Participant, Career Coach, and Worksite Supervisor.

PARTICIPANT CONTACT INFORMATION

NAME	PRONOUNS		
PHONE	EMAIL		
ABLE TO RECEIVE TEXTS?	PREFERRED METHOD OF CONTACT		
YES NO	PHONE CALL TEXT EMAIL		
EMERGENCY CONTACT	EMERGENCY CONTACT PHONE		

WORKSITE SUPERVISOR CONTACT INFORMATION

WORKSITE NAME	WORKSITE PHONE			
WORKSITE ADDRESS				
WORKSITE SUPERVISOR				
NAME	PRONOUNS			
PHONE	EMAIL			
ABLE TO RECEIVE TEXTS?	PREFERRED METHOD OF CONTACT			
YES NO	PHONE CALL TEXT EMAIL			
BACKUP SUPERVISOR				
NAME	PRONOUNS			
PHONE	EMAIL			
ABLE TO RECEIVE TEXTS?	PREFERRED METHOD OF CONTACT			
YES NO	PHONE CALL TEXT EMAIL			

WORKSITE LIAISON CONTACT INFORMATION *Primary Point of Contact for Worksite Supervisor

NAME	PRONOUNS
PHONE	EMAIL

PARTICIPANT COACH CONTACT INFORMATION *Primary Point of Contact for WEX Participant

NAME	PRONOUNS
PHONE	EMAIL

PARTICIPANT LEARNING OBJECTIVES DURING THIS WORK EXPERIENCE

During the final weeks of the work experience, Worksite Supervisor will provide feedback to Participant on their demonstration of the skills below. Participants will also be given the opportunity to share feedback on their work experience and the overall program.

WORKPLACE EXPECTATIONS

ADAPTABILITY	COLLABORATION		
 Responds positively to change & sees change as an opportunity Open to new experiences that improve skills Tries out new roles within a team Identifies situations & barriers that impact performance Manages stress & setbacks professionally Learns from experiences 	 Offers help & ideas Considers, values & respects multiple points of view Deals appropriately with team diversity Handles conflicts in productive ways Builds & maintains positive relationships Encourages others to share their ideas 		
COMMUNICATION	ANALYSIS / SOLUTION MINDSET		
 Demonstrates competency in when & how to use phone, email, internet & computer applications to communicate; uses social media properly Demonstrates active listening Presents information that is appropriate in content Understands and applies basic etiquette & rules in nonverbal, verbal & written communication Writes with correct spelling & grammar 	 Demonstrates ability to assess a situation or issue Brainstorms & tests to identify possible solutions Gathers input and feedback from others Considers multiple viewpoints Seeks guidance or support when assignments exceed ability, time demand or role/position Seeks guidance & support to test out solutions 		
SELF-AWARENESS			
 Accepts and uses feedback to enhance skills Maintains self-control Demonstrates ethical behavior Shows awareness of how behavior impacts others Learns and follows rules and guidelines Appropriate dress for the work environment Acknowledges mistakes and takes personal responsibility Understands and performs to required expectations Good attendance/punctuality 			

OCCUPATIONAL AND ACADEMIC SKILLS

List OCCUPATIONAL AND ACADEMIC SKILLS GOALS specific to this worksite's industry and/or position description.

*At least one goal is required.

WORK EXPERIENCE INFORMATION

POSITION TITLE					
AUTHORIZED START DATE		ANTICIPATED END DATE		HOURLY WAGE	
MAX HOURS PER DAY		MAX HOURS PER WEEK		MAX TOTAL HOURS	
*Overtime is NOT permitted.		*Overtime is NOT permitted.		*Additional hours NOT permitted.	

POSITION DESCRIPTION ACKNOWLEDGEMENT

Supervisor Initials Participant Initials

	Work schedule listed in Position Description is confirmed by Worksite Supervisor and includes meal breaks and rest periods in accordance to <u>BOLI regulations</u> .
	Position Description (containing primary position duties, required uniform/tools/equipment, work schedule, and any special restrictions/conditions) has been reviewed. *Any changes to job duties must be approved in advance by Worksite Liaison.
	Worksite Supervisor and Participant have reviewed the scheduling process. This includes the process for notifying supervisor of tardiness or absences.

PARTICIPANT WORK EXPERIENCE AGREEMENT

Participant agrees to accept the following Responsibilities:

- 1. Maintain 90% attendance.
- 2. Accurately report hours worked and submit timecard by provided deadline.
- 3. Report to Worksite at agreed upon time each shift.
- 4. Report absences at least one hour prior to scheduled shift start time to Worksite Supervisor & Worksite Liaison.
- 5. Work no more than the maximum allowable hours.
- 6. Participate in check-ins and evaluations required by Worksite Supervisor and Worksite Liaison.
- 7. Report any changes that may effect commitment to work experience to Worksite Liaison.
- 8. Report all worksite injuries to Worksite Supervisor and Worksite Liaison immediately.

Failure on the part of the undersigned parties to meet their obligations under this Agreement may result in suspension or termination of the Agreement. All parties retain the right to terminate this Agreement within 10 days of written notice. Agreement may be unilaterally terminated immediately due to lack of funding or violation of any applicable Federal, State, or Local laws or in cases where Worksystems deems it necessary to protect the interests of Participant. Termination of this Agreement for any cause shall be without prejudice to any obligation or liabilities of either party accrued prior to or because of such termination.

This Agreement is not valid until a copy containing all signatures of approval is received by Worksite Liaison. <u>Participant's Work</u> <u>Experience may only begin once Worksite Liaison has provided authorization</u>. Liaison is to distribute copies of this Agreement to Participant, Career Coach, and Worksite Supervisor.

REVIEWACKNOWLEDGEMENT		
PARTICIPANT SIGNATURE	DATE	
WORKSITE SUPERVISOR SIGNATURE	DATE	
WORKSITE LIAISON SIGNATURE	DATE	

This program is financed in whole or in part with funds provided through Worksystems from the U.S. Department of Labor, State of Oregon Higher Education Coordinating Commission, Prosper Portland, the City of Portland, Multnomah County and employer sponsorships. In accordance with Federal Law providers are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. Providers are an equal opportunity program/ employer. Auxiliary aids are available upon request to individuals with disabilities. TTY 1-800-735-2900. To place a free relay call in Oregon, dial 711.