Policy
The policy of the Delaware Workforce Development Board (DWDB) and Division of Employment and Training (DET) requires all Work Experiences (including On the Job Training and Internships/Externships) that result in any participant working for contractor (see B under exemptions) or off site at a participating employer must be paid as an employee.

It is the expectation that a minimum of 50% of participants will participate in a Work Experience. Work Experiences are defined as a planned, structured learning experience that takes place in a workplace for a limited period of time. The goal is to provide hands-on experience that reinforces the classroom training. It also provides skills that may be added to participants’ resumes as well as linking participants to local employers.

A work experience may take place in the private for-profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act or applicable State law, exists.

Funds provided for work experiences may not be used to directly or indirectly aid in the filling of a job opening that is vacant because the former occupant is on strike, or is being locked out in the course of a labor dispute, or the filling of which is otherwise an issue in a labor dispute involving a work stoppage. No worker should be supplanted due to a Work Experience.

All participants will be paid at least the State of Delaware’s minimum wage. Contractors will be reimbursed for participant wages at the state of Delaware’s minimum wage. Nothing prohibits the Contractor from supplementing the wage with other funds.

To implement this, Contractors (must select one):

- Opt to place participants on your organization’s payroll. Participants must be treated like all other employees, for example, having all required deductions, including FICA, UI taxes, etc., as well as be covered under your organization’s worker’s compensation policy during their work experience time; or
- Opt to use a temporary staffing agency to employ participants during the work experience time. The following is the link to the state approved temporary service agencies http://contracts.delaware.gov/contracts_detail.asp?i=3600. Provider must use one of these agencies.

While participating in paid Work Experience, all participants shall be paid as employees, and may not be classified as independent contractors that would necessitate the issuance of a form 1099.

Like all needed program services, Work Experiences should be referenced in the Individual Service Strategy (ISS). Work Experiences should be training related.

Required Forms and Monitoring
All Work Experience sites must have a signed Work Experience Agreement (Attachment A) and must be documented in accordance with Adult Policy 4-Documentation for Services and Performance Measures/Outcomes.
Contractors are required to conduct on-site monitoring and document using the Work Experience Monitoring Report Sheet (Attachment B). A minimum of one Monitoring must be completed with additional monitoring completed every 80 hours.

**Exemptions to this Policy**

A. Paid Work Experiences are not required for Adult Blue Collar funded programs that provide occupational skills training leading to employment in an occupation that requires all of the following:
   1. A state issued license is required to work in the occupation;
   2. That license requires clinical hours; and
   3. It is common practice that the clinical hours are not paid

   An example is the required clinical hours for a CNA program.

B. Participants doing Experiences with contractor’s organization shall be limited to 10% of the total participants for the contract period. A waiver to this may be requested and approved at the sole discretion of DET. All requests must be made via email to the assigned Contract Specialist and must be approved prior to implementation.

C. Contractor may request a waiver to the forms provided in this policy to the assigned Contract Specialist. Waivers may be approved at the sole discretion of DET.

**DJL Guidance**

Work Experience (WEX) and Clinical shall be entered in Delaware JobLink (DJL) as a service in the Service and Training plan (see DJL guide). When adding the WEX or Clinical service, this should always be done with a status of “in-progress” in the beginning and closed out with the actual end date with a status of “Completed” if the participant achieved at least 85% of the planned hours or if the participant became employed prior to completion, “Unsuccessful Completion” if they achieved less than 85% of planned hours and did not achieve employment. The start and end date must reflect the actual dates the WEX or Clinical was completed. When entering the Occupational Skills Training services in the Service and Training plan, the estimated end date should include the time needed to successfully complete the WEX or Clinical.
Work Experience Agreement

Participant Name: __________________________

Work Experience Site Name and Department:
_____________________________________________________________________________

Work Site Location (full address):
_____________________________________________________________________________

Contact Name, E-mail address, and Phone #:
______________________________________________________________________________

Position: ______________________

Job Duties/Skills to be Acquired:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Total Planned Hours In Work Experience Activity: __________

Planned Work Experience Schedule

Start Date: ______________ End Date: __________

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</thead>
<tbody>
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</tbody>
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The Work Experience Provider agrees to the following:
• Will not supplant existing worker with Participant.
• Will not use Work Experience to directly or indirectly aid in the filling of a job opening that is vacant because the former occupant is on strike, or is being locked out in the course of a labor dispute, or the filling of which is otherwise an issue in a labor dispute involving a work stoppage.
• Apply all applicable Labor Laws to Participant (e.g. required breaks).
• Provide supervision at all times during Work Experience.
• Provide a fully completed time sheet weekly including information on participant performance.
• Contact the contractor immediately if the individual does not perform satisfactorily and/or fails to arrive at the work site at the agreed upon time.

Signatures:

_________________________________________________________
Work Experience Provider     Date

_________________________________________________________
Contractor      Date

Revised Dated: November 13, 2018
Revised Date: October 31, 2018
Revised Date: July 30, 2018
Effective Date: July 1, 2018
## Work Experience Monitoring Report Sheet

**Date of Monitoring Visit:**

**Participant Name:**

**Position:**

**Work Experience Site Name and Department:**

**Work Site Location (full address):**

**Contact Name, E-mail address, and Phone #:**

**Participant’s Supervisor Name:**

1. Monitor witnessed work being completed by Participant: Yes______ No______
2. Briefly describe the work being done:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Monitor’s general observations/concerns if any:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

**Questions for Supervisor:**

1. Do you have any concerns or feedback on the Participant’s performance?

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
2. Is the Participant fully functioning in their position? (Yes / No) If not, what steps are being taken to improve the Participant’s performance:

_________________________________________________________________________________
_________________________________________________________________________________

3. If you were hiring, would you consider this Participant? Yes______ No______

4. Is there any feedback you have for the Training Program (e.g. more time should be spent a specific content area of training program curriculum)?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signatures:

_________________________________________________________
Work Experience Supervisor/Designee    Date

_________________________________________________________
Contractor       Date