Youth DET Contract Policy 4 – Work Experience (Youth Only)

This policy defines Work Experience and describes allowable work experience expenditures for youth. 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 exemptions) or off site at a participating employer must be paid as an employee. Under WIOA, Work Experience becomes a critical service of the program. Like all needed program services, work experiences should be referenced in the youth’s ISS. It is highly recommended that there be a focus on utilizing labor market information to plan the work experiences to ensure youth are being placed with industries that include in-demand occupations.

Youth work experiences must include academic and occupational education. The educational component may occur concurrently or sequentially with the work experience. The academic and occupational component refers to contextual learning that accompanies a work experience. It includes the information necessary to understand and work in specific industries and/or occupations.

Work experience is defined as a planned, structured learning experience that takes place in a workplace for a limited period of time. For this policy limited period of time is being defined as 520 hours per contract period. Anything over the 520 hours would require a waiver from DOL - DET Administration. 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. Work experiences provide the youth participant with opportunities for career exploration skill development, reinforces the classroom training and links students with local employers.

At a minimum, all participants will be paid at least the State of Delaware’s minimum wage. Participants may be paid at a rate comparable to the work they are doing, but that wage must be at, or above, Delaware’s minimum wage.

Contractor will provide paid experiences by one of two ways:

1. Place participants on Contractor organization’s payroll. Participants must be treated like all other employees, for example, all required deductions including FICA, UI taxes, etc., as well as be covered under the organizations worker’s compensation policy during their work experience time. Contractors may use a payroll service to accomplish this.

   OR

2. Use a temporary staffing agency to employ participants during the work experience time. Contractor would pay the wages plus a fee for Temporary Staffing Agency services.

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.

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WIOA identifies four categories of work experience (1) summer employment opportunities and other employment opportunities available throughout the school year; (2) pre-apprenticeship programs; (3) internships and job shadowing, and (4) on-the-job training (OJT). Job shadowing is defined as a work experience option where youth learn about a job by walking through the work day as a shadow to a competent worker. The job shadowing work experience is temporary, unpaid exposure to the workplace in an occupational area of interest to the participant.

Program expenditures on the work experience program element can be more than just wages paid to the youth during a work experience. Allowable work experience expenditures include the following:

- Wages paid for participation in a work experience;
- Staff time working to identify and develop a work experience opportunity, including staff time spent working with employers to identify and develop the work experience;
- Staff time working with the employers to ensure a successful work experience, including staff time spent managing the work experience;
- Staff time spent evaluating the work experience;
- Participant work experience orientation sessions;
- Employer work experience orientation sessions;
- Classroom training or the required academic education component directly related to the work experience;
- Incentive payments** directly tied to the completion of work experience; and
- Employability skills/job readiness training to prepare youth for work experience
- Agency fees associated with providing the youth with payment for their work experience.

Supportive services are a separate program element and cannot be counted toward the work experience expenditure requirement even if the supportive service assists the youth in participating in the work experience.

**Required Forms and Monitoring**

All Work Experience sites must have a signed Work Experience Agreement (Attachment A) and must be documented.

Contractors are required to conduct on-site monitoring and document same using the Work Experience Monitoring Report Sheet (Attachment B). A minimum of one Monitoring must be completed with additional monitoring completed every 80 hours.

All Work Experience should utilize an attendance sheet for tracking hours/payments (Attachment C).
Exemptions/Waivers to this Policy:

A. If a participant is part of an established volunteering program with a specific employer. This relationship would need to be documented. For example, a participant is a VolunTeen with Christiana Care. It needs to be documented that the participant understands they are part of a volunteering programming and would not expect payment.

B. If the provider organized a community service oriented event. For example, a beach cleanup. This is limited to one day or eight hours per year whichever is greater.

C. Students in job skills training in the classroom do not need to be paid like an employee since they are not working. You may pay them like an employee if you choose, but do not have to. These expenditures would still be considered part of your 20% work experience requirement.

D. Paid Work Experiences are not required for training 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.*

E. 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 DOL-DET. All requests must be made via email to the assigned Contract Specialist and must be approved prior to implementation.

F. Job shadowing work experience is temporary, unpaid exposure to the workplace in an occupational area of interest to the participant; but wherein the participant shadows a competent worker, asking questions, but doing no actual hands on unsupervised work.

G. 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 DOL-DET.

**NOTE *incentive payments must be identified in the Contractor’s Incentive Plan**
Work Experience Agreement

Participant Name: ____________________________________________
Work Experience Site Name and Department: _______________________

Work Site Location (full address): ________________________________

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

The Work Experience Provider agrees to the following:
• Provide a fully completed time sheet weekly including information on youth 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.
• 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. safety/breaks).
• Provide supervision at all times during Work Experience.

Total Planned Hours in Work Experience Activity: ________ (Maximum 520)

Planned Work Experience Period: 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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<tr>
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Position: ____________________________________________________

Job Duties/Skills to be Acquired:
______________________________________________________________
______________________________________________________________
______________________________________________________________

Signatures:

___________________________________________________________
Work Experience Provider      Date

___________________________________________________________
Contractor                      Date

___________________________________________________________
Participant                     Date
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 worked 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_____ N/A_______

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:

_________________________________________________________  Date

Work Experience Supervisor/Designee

_________________________________________________________  Date

Contractor

_________________________________________________________  Date
WORK EXPERIENCE TIME SHEET

Participant Name: ____________________________________________________________

Worksite: _________________________________________________________________

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<tr>
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<th>Time In</th>
<th>Time Out</th>
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Please check the block that best describes the Participant’s performance.

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<td>Attitude to Job / Other</td>
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Please provide additional comments:

__________________________________________________________________________

__________________________________________________________________________

Student Signature: ________________________________

Worksite Supervisor: ______________________________

Time Sheet can be scanned and emailed to:

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