



NORTHWEST PRIVATE INDUSTRY COUNCIL WORK EXPERIENCE AGREEMENT

Participant:	Case Manager:
Participant SS#:	Case Manager Telephone:
Worksite:	Program Funding Source:
Worksite Address:	Hours Per Week:
Worksite Supervisor:	Total Hours:
Supervisor Phone:	Hourly Rate: \$
Dates: ____/____/____ To ____/____/____	Contract Amount: \$

WORKSITE JOB DESCRIPTION

Job Title:

List All Job Duties: (Additional duties may be listed on the back as appropriate)

Participant Signature:			Date:	
Supervisor Signature:			Date:	
Grantee Signature:			Date:	

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WORK EXPERIENCE AGREEMENT**

Additional Job Duties:

Large empty rectangular box for writing additional job duties.

Participant Signature:		Date:	
Supervisor Signature:		Date:	
Grantee Signature:		Date:	

WORK EXPERIENCE WORKSITE/PARTICIPANT CONDITIONS

To The Supervisor: This is an agreement made by and between the Worksite and the Northwest Private Industry Council hereafter known as Grantor. Whereas the Worksite and the Grantor desire to enter into agreement for the services of the participant, we do hereby agree to provide for the following:

1. Adequate supervision of each participant.
2. Participants will not be credited for time for unexcused absences, unworked hours or for recreational activities.
3. Participant time card will be completed accurately and sent in according to the pay schedule.
4. Sufficient meaningful work will be provided to occupy the participants time during working hours. If working outdoors, alternative work will be provided during inclement weather.
5. Participants will not be allowed to work on political activities.
6. Participants will not be allowed to be employed in the construction, operation or maintenance of a facility used for sectarian instruction or worship.
7. The work environment will be a safe one, and all Federal and State Child Labor Laws and Safety Rules (whichever are more restrictive) will be followed.
8. Sufficient equipment and materials will be available to carry out work assignments.
9. The worksite will comply with the Minnesota Employee Right-to-Know Act of 1983 and all regulations issued pursuant to the Act.
10. Maintenance of effort. No person may be laid off to employ a work experience participant.
11. Worksite shall hold and save the Grantor harmless from liability of any nature of kind, including but not limited to, costs and expenses for, or on account of any persons or property resulting in whole or part from the performance or omission of, any employee, agent, or representative of the Worksite in connection with the performance of this contract subject, however, to the provisions of Minnesota Statute Section 3.736 (supp.1984).
12. WORK WEEK: With the exception of certain occupations exempted from overtime provision of the FAIR LABOR STANDARDS ACT, Work Experience employees SHALL NOT work more than 40 hours during a work week, nor 80 hours per pay period (12:01 AM Saturday through 11:59 PM Friday). THERE ARE NO PAID HOLIDAYS.
13. Worker's Compensation is provided by the Grantor. Worksite supervisors are to report any injuries to participants within 48 hours of occurrence by contacting the Grantor.
14. Liability Insurance coverage, including motor vehicle (where applicable) shall be provided for youth participants under this agreement by:

Name of Agency

Date

Signature of Responsible Party

Date

15. Is the trainee's job represented by a Union? Yes _____ No _____

If YES, Agent concurs _____ does not concur _____ has no opinion _____ relative to this training.

Union Agent Signature

Date

To the Participant: This is an agreement between you, the Worksite and the NWPIC. By signing this agreement you agree to follow the stipulations of this agreement as outlined below.

1. **Absences:** If you cannot make it to work on any day, you must call your supervisor at the number given. If you fail to call in, you will lose the opportunity to make up hours for that day.

Supervisor Name

Phone Number

MAKE-UP TIME: Time lost for any reason MAY be made up if the employee receives supervision to the same extent supervision is provided during regular time and the lost time must be made up during the same week as that in which time was lost.

2. **Breaks:** Policies on lunch breaks and coffee breaks are set by the Worksite supervisor, not by the program. Lunch breaks are unpaid time.
3. **Termination:** I understand that I may be fired from my job for any of the following reasons:
 - a. Performing the duties outlined above in an incompetent, inefficient, or careless manner.
 - b. Treating individuals I am working with, or responsible for, in an offensive or abusive manner.
 - c. Failure to obey any reasonable direction given by my supervisor.
 - d. Conviction of a criminal offense.
 - e. Damage to property or wasting supplies on purpose or through negligence.
4. I understand that I need to be in contact with my Case Manager to discuss any personal or work related problems.
5. **Additional Stipulations:** Please list any additional stipulations.

Participant Signature

Date

Staff Signature

Date