



## CWP Policy/Procedure Transmittal

**Policy and Procedures Transmittal Number:** 24-02

**Effective Date:** February 6, 2024

**To:** CWP Staff and Subrecipient Staff  
**From:** Julie Watson, Compliance & Accountability Administrator  
**Issue Date:** February 6, 2024  
**Subject:** CWP Worksite Agreement

A handwritten signature in blue ink is positioned to the right of the 'From:' field. The signature is stylized and appears to be 'J. Watson'.

With this transmittal, CWP is issuing the CWP Worksite Agreement to be used by all CWP service providers that provide work experiences to adult and/or youth participants, as defined by CWP's Policy 2-60 Work Experience. Subsidized employment, transitional employment and paid internships are types of work experience.

In addition to being attached to this transmittal, the CWP Worksite Agreement can be found in Section 8 Forms of CWP's online Policy and Procedures Manual at <https://capitalworkforce.org/policies/>.

Questions regarding this change can be addressed to Julie Watson, Compliance and Accountability Administrator, at [jwatson@capitalworkfore.org](mailto:jwatson@capitalworkfore.org).

**Capital Workforce Partners  
Worksite Agreement**

One Worksite Agreement shall be completed and signed for each organization hosting one or more worksites.

Service Provider Name (Employer of Record):

Address:

Website:

Program (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> WIOA Youth              | <input type="checkbox"/> Year Round Youth Employment |
| <input type="checkbox"/> Summer Youth Employment | <input type="checkbox"/> JFES                        |
| <input type="checkbox"/> Other:                  |  |

This agreement shall remain in effect from \_\_\_\_\_ to \_\_\_\_\_ .

**1. Obligations of the Service Provider (Employer of Record)**

- a. Administer payroll for participants, including payment of taxes and statutory benefits.
- b. Hire participants and serve as their employer of record for fiscal and human resource obligations.
- c. Maintain workers compensation coverage for participants.
- d. Implement incident reporting procedures.
- e. Provide a contact person for worksite supervisors for all issues related to participants.

**2. Worksite Host Information**

Company/Organization Name:

Type:  For-Profit Company (Private)       Non-Profit Organization 501(c)(3)  
 Government Agency (Public)       Other (specify):

Industry:       Accommodation and Food Services       Agriculture  
 Arts, Entertainment and Recreation       Educational Services  
 Health Care and Social Assistance       Information  
 Construction       Manufacturing  
 Professional, Scientific & Technical Services       Public Administration  
 Real Estate and Rental and Leasing       Retail Trade

Other (specify):

Authorized Representative Name:

Phone Number:

Email Address:

Address:

Website:

### **3. Commitments by the Worksite Host**

- a. Adhere to all health and safety requirements applicable to this worksite, including CDC guidelines pertaining to public health emergencies.
- b. Adhere to the provisions of CT DOL's Wage and Workplace Standards Division and OSHA regulations, as well as Child Labor Laws, if applicable.
- c. Immediately notify the Employer of Record of any and all work-related accidents or injuries.
- d. Call 911 in case of serious or life-threatening emergencies.
- e. At the start of their work experience, train each participant on applicable health and safety procedures at your workplace.
- f. Clearly communicate worksite expectations and responsibilities to all participants.
- g. Complete the Worksite Information Sheet at Attachment A for each worksite location.
- h. Complete section 1 of the Job Information Sheet at Attachment B for each position, including a job description.
- i. Provide meaningful and productive work consistent with the position's job description.
- j. Provide all worksite training at no cost to the participants and during scheduled work hours. The training materials shall be presented in the language and at the literacy level of the participants.
- k. Provide adequate and appropriate supervision of participants including orientation and onboarding, coaching and workplace evaluation.
- l. Identify an alternative supervisor responsible for coverage when the immediate supervisor is unavailable.
- m. Immediately notify the Employer of Record of any work-related issues with the participant such as no call/no show, behavioral problems, and any other issues that may impede the participant's success on the job or your satisfaction with the participant's performance.
- n. Keep a copy of each participant's emergency contact information onsite and coordinate an emergency contact plan with the Employer of Record.
- o. Maintain daily attendance records for all participants.
- p. Ensure that supervisors verify actual work hours before signing timesheets and submit timesheets to the Employer of Record each week.
- q. Include participants in any relevant meetings, activities, or events at the worksite.
- r. Cooperate with worksite monitoring conducted by the Employer of Record, State of CT, and Capital Workforce Partners.

### **4. General Conditions**

In all matters pertaining to their performance under this agreement, the parties shall conform to the provisions of all applicable federal, state, and local laws, statutes, ordinances, rules and regulation, and any amendments thereto, and to the methods and procedures of all governmental boards, bureaus, offices, commissions, and other agencies.

- a. The parties shall ensure that no participant is placed into a position when any other person is on layoff from the same or substantially equivalent job.
- b. The parties shall ensure that the jobs provided under this agreement shall not replace any current employee (including partial displacement such as reduction in current employee hours or wages), impair existing contracts for services or collective bargaining agreements and, if any of the jobs are inconsistent with the terms of any collective bargaining agreement, the written concurrence of the labor organization and employer concerned shall first be obtained.
- c. No person shall be excluded or subjected to discrimination because of race, color, religion, sex, sexual orientation, national origin, age, gender, gender identity or expression, handicap, political

affiliation or belief.

- d. Casinos and other gambling establishments are prohibited from participating as worksites.
- e. Alternative duties must be assigned to participants who work outdoors in the event of dangerous weather conditions.
- f. Health and safety standards established under federal and state law otherwise applicable to working conditions of employees are equally applicable to working conditions of participants engaged in work experience activities.
- g. All parties will adhere to Capital Workforce Partners' Work Experience Policy 2-60: <https://capitalworkforce.org/wp-content/uploads/2023/09/Section-2-General-Program-Policies.pdf>
- h. If the worksite has records of persons which contain Personally Identifiable Information (PII) or other confidential information, procedures must be implemented to protect confidentiality of such records and the site must have written policies regarding the protection of and access to such confidential information.
- i. If participants are assigned to work with children, the worksite must have written guidelines and procedures in place regarding mandated reporting of suspected or possible abuse and/or neglect and must train the participants on the guidelines and procedures.
- j. Capital Workforce Partners and the federal/state Department of Labor may monitor this worksite at any time to ensure compliance with this agreement, and the parties shall cooperate fully with said monitors to demonstrate that the worksite is safe and in compliance with all requirements.
- k. This agreement shall remain in effect for the term established on the cover page. Requests to modify the agreement must be submitted to CWP in writing and are subject to approval by CWP.

### 5. Collective Bargaining Unit Acknowledgment

Is the worksite where participants will be assigned covered by a collective bargaining unit?

No       Yes

**If YES, Labor Organization Representative *MUST* review and approve this agreement.**

I have reviewed this agreement as an authorized representative of \_\_\_\_\_  
("Bargaining Unit") and certify that the temporary participant position(s) are not bargaining unit position(s) and agree that Bargaining Unit will not raise claims that these temporary participant position(s) are doing bargaining unit work. This statement is made without prejudice to Bargaining Unit's rights with respect to the use of other employees, workers, or participants outside the scope of this agreement.

Authorized Official's Name and Title (printed):

Signature:

Date:

**6. Service Provider (Employer of Record) and Worksite Signatures**

**IN WITNESS WHEREOF, the parties have hereunto caused this agreement to be executed as of the date written below.**

Service Provider (Employer of Record) Name:

Authorized Official's Name and Title (printed):

Signature:

Date:

Worksite Host Name:

Authorized Official's Name and Title (printed):

Signature:

Date:

## Attachment A: Worksite Information Sheet

### 1. Worksite Information

**Complete one Worksite Information Sheet per individual worksite** (e.g., a town employs 3 participants in its Finance, Maintenance Works, and IT departments. This host organization (the town) would require a total of three (3) Attachment A: Worksite Information Sheets, one for each department. Different departments, units, or physical locations under one host organization each require a Worksite Information Sheet.)

Host Organization Name:

Worksite Address:

Worksite Name:

Worksite Phone Number:

### 2. Worksite Supervisor(s) Information

Complete this section for the person(s) who will be supervising the participant(s). Attach another sheet if necessary.

#### Worksite Supervisor 1

Name:

Title:

Phone Number(s):

Email Address:

#### Worksite Supervisor 2

Name:

Title:

Phone Number(s):

Email Address:

### 3. Estimated Participant Information

Estimated Number of Roles to be filled by Participants at this Worksite<sup>1</sup>:

Estimated Number of Participants at this Worksite:

#### SERVICE PROVIDER (EMPLOYER OF RECORD) USE ONLY

Received by:

Date:

Date Submitted to CWP:

#### CWP USE ONLY

Entered in ETO

Date:

Entered by:

Age Restrictions

Minimum Age:

No Restrictions

Worksite Approved: Yes No

Approved by:

Notes:

<sup>1</sup> For every role, a corresponding Attachment B: Job Information Sheet must be completed. See Attachment B for more information.

**Attachment B: Job Information Sheet**

Complete one Job Information Sheet **for every role at each individual worksite.**

**1. Job Information**

Estimated Number of Participants for this Position:

Job Title:

O\*NET Code:

[Lookup codes at www.onetcodeconnector.org](http://www.onetcodeconnector.org)

Job Description:

Special Requirements (check all that apply):

- Background check     Drug test     TB test     Driver's License     16 or older     18 or older
- Other (specify):

**Schedule:** List daily start and end hours, indicating AM or PM.

| Day         | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|--------|--------|---------|-----------|----------|--------|----------|
| Start Time  |        |        |         |           |          |        |          |
| End Time    |        |        |         |           |          |        |          |
| Total Hours |        |        |         |           |          |        |          |

**Worksite Supervisor**

Name:

Title:

Phone Number(s):

Email Address:

**Service Provider (Employer of Record) Contact Person**

Name:

Organization:

Phone Number(s):

Email Address:

**2. Participant Information (Completed by Service Provider)**

The Service Provider should complete this section after the participant has been assigned to this position. If there are multiple participants assigned to this position, copy this attachment and complete for each participant. Attach a copy of the participant's emergency contact information.

Name:

Phone Number:

Email Address:

Planned Start & End Date:

to

Restriction on hours to be worked (if applicable):