

**WORKFORCE PARTNERSHIP OF GREATER RHODE ISLAND
WORK EXPERIENCE SITE AGREEMENT**

I. PURPOSE

This Agreement between SEA Jobs herein called the Agency, and Central Falls, herein called the Training Site, and the participant(s), listed on page four of this agreement, is entered into for the purpose of providing Work Experience Training in accordance with the Workforce Investment Act (WIA) or GWB Job Development Funds, (funding sources will be defined by contract) and subsequent amendments, and the terms and conditions of this Agreement.

II. RESPONSIBILITIES

1. THE TRAINEE

- a. agrees to put forth his/her best efforts to acquire all necessary skills and to fulfill all work requirements.
- b. agrees to abide by all the requirements of the training worksite.

2. THE AGENCY

- a. agrees to oversee and manage the provisions of training and activities under this Agreement, and shall receive time and attendance records and Trainee evaluations from the training site and shall provide wages to the Trainee in accordance with the Fair Labor Standards Act, as amended, or applicable state minimum wage laws.
- b. shall be responsible for applicable FICA and Workers Compensation.
- c. agrees to provide counseling and supportive services to the Trainee to the extent necessary to allow the Trainee to participate in the work experience activity.
- d. agrees to provide an orientation to training site staff responsible for the supervision of the Trainee regarding Labor Laws, WIA requirements, time and attendance records, and other matters pertinent to the provision of a safe and meaningful work experience.

3. THE TRAINING SITE

- a. agrees to provide adequate supervision to the Trainee and shall designate a supervisor and alternate supervisors, (listed below)

SUPERVISOR: Sonia Grace
ALTERNATE(S): Sean Murphy

- b. agrees to provide safe and meaningful work experience training activities that result in "good work habits" and where practical, specific occupational skills for employability enhancement.
- c. agrees to provide a sufficient workload, in relation to the attached job description, for the Trainee and will have sufficient, and appropriate equipment and/or materials to support the training.
- d. agrees to maintain and submit weekly time/attendance record and performance evaluation on forms provided by the Agency as indicated below:
- e. shall allow the Trainee release time to attend scheduled meetings, class time, workshops, and counseling as requested by the Agency.

III. SPECIFIC PROVISIONS

1. Work Experience Job Title and O*NET Code: (See attached job description):
 _____, O*NET Code: _____
2. Anticipated duration of training: From: 7-14-15 through 8-14-15 not to exceed 75 total hours.
3. Number of hours per week: 15. (Note: Shall not exceed 40 hours)
 Basic daily schedule (unless otherwise arranged by the Agency) shall be:

4. Wages: Trainee will receive \$ 8.00 per hour, to be paid by the Agency. Note: The Trainee must receive at the minimum the current applicable minimum wage rate. The Trainee will:
 - a. be paid only for hours worked as documented on the Attendance/Performance Records;
 - b. not be paid for illness, vacations, lunch breaks, or holidays.
5. The Trainee must be determined eligible and appropriate for WIA services by the Agency prior to beginning the Work Experience activity.

IV. SIGNATURES

The parties agree to all the terms in this Work Experience Agreement by affixing their signatures below.

The Trainee signature is an acknowledgment of his/her responsibilities and the terms and conditions of this agreement, and does not imply a contractual agreement on the part of the Agency or the Training Site.

Name and Title of other person(s) authorized to sign time and attendance records and evaluations:

TRAINEE NAME:		SSN:	
SIGNATURE:		DATE:	

TRAINEE NAME:		SSN:	
SIGNATURE:		DATE:	

TRAINEE NAME:		SSN:	
SIGNATURE:		DATE:	

AGENCY:			
ADDRESS:			
CITY/STATE:		ZIP:	
EMAIL:		TEL:	
AGENCY REP:			
SIGNATURE:		DATE:	

TRAINING SITE:			
ADDRESS:			
CITY/STATE:		ZIP:	
EMAIL:		TEL:	
SITE REP: Mayor x	James A. DiSSA		
SIGNATURE: x		DATE:	7/1/15

Reviewed per F.S.A.
 Leonard Morganis
 Administration & Finance Officer

Approved as to form and correctness
 City Solicitor

Start 7/14 → 8/13

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Name and Title of other person(s) authorized to sign time and attendance records and evaluations:

~~##~~ T W Thu 9^{am} - 2^{PM}

TRAINEE NAME:	Erin Isom	SSN:	
SIGNATURE:	Erin Isom	DATE:	7/10/15

TRAINEE NAME:	Daphne Mulford	SSN:	XXXXXXXXXX
SIGNATURE:	<i>[Signature]</i>	DATE:	7/10/15

TRAINEE NAME:		SSN:	
SIGNATURE:		DATE:	

AGENCY:	SER-Jobs for Progress, Inc		
ADDRESS:	100 EAST AVE.		
CITY/STATE:	PAWTUCKET, RI	ZIP:	02860
EMAIL:	credw@ser-ri.org	TEL:	724-1820
AGENCY REP:	CARLOS PEDRO		
SIGNATURE:	Carlos Pedro	DATE:	7/1/15

TRAINING SITE:	City Hall, Central Falls		
ADDRESS:	580 Broad St		
CITY/STATE:	Central Falls RI	ZIP:	02863
EMAIL:	smurphy@centralfallsri.us	TEL:	401-727-7400
SITE REP:	SEAN MURPHY / SONIA GARCIA		
SIGNATURE:	<i>[Signature]</i>	DATE:	7/10/15