WIOA Worksite Agreement Number:	WIOA	Worksite	Agreement Number:	
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WIOA Trainee Work Plan

A WIOA Trainee Work Plan must be attached to the WIOA Worksite Terms and Conditions for each Trainee

A WIOA Hanice W	OIR I fail fliust be attached			i ci ilis aliu Co	ilditions for caci	i i i anice.	
	T	rainee Info					
Trainee Name:		Trainee Telephone:					
OSL Participant ID:	F	Program:	Adult	DLW	Youth $\rightarrow \square$ IS	S OOS	
Emergency Contact:			ncy Contact To	elephone:			
	W	orksite Inf	ormation				
Worksite:		1					
Worksite Address:			Worksite Tele				
		I	Days/Hours of	of Operation:			
Supervisor:				Telephone:			
Alternate Supervisor (it	* *			Telephone:			
	Gener	al Training	g Information				
Job Title:	Title: Hourly V		e:	Maximum	Hours (optional): 40/week	
Work Schedule:							
Work Location:							
Estimated Start Date:			Estimated	End Date:			
	Duti	es and Res	ponsibilities				
1.			5.				
2.			6.				
3.			7.				
4.			8.				
Trainee Signature	I certify that the al	bove WIOA Ti		n is correct. ervisor Signatur	re	Date	
WIOA Representative Sign	nature Date	;	Alternate Supervisor Signature			Date	
section below. If the Tree the corresponding WIO	is being modified for any rainee is changing Works: A Worksite Terms and Coodification 1	ites, a NEW		k Plan must l			
Date:	· · · · · · · · · · · · · · · · · · ·		Date:				
Modification:			Modification:				
			,				
Reason:		I	Reason:				
I certify that the above mod WIOA Representative Sign	dification information is correc			te Supervisor have		development.	
11.28.2018 APPROVED	WE - 10	4- 14-E	(EQE)/P			3	