WORKSITE REQUIREMENTS

1. SUPERVISION OF PARTICIPANTS

1.1. County will:

1.1.1. Provide sufficient work to occupy Participant(s) during working hours. Assigned work must:

   1.1.1.1. Increase employability skills;
   1.1.1.2. Teach good work habits;
   1.1.1.3. Give a reasonable introduction to the profession(s) available in at County; and
   1.1.1.4. Take into account the Participant’s capabilities and interests.

1.1.2. Assign at least one (1) Worksite Supervisor to every five (5) participants in a Department. Ensure that each Worksite Supervisor:

   1.1.2.1. Has any necessary legal clearance to work with youth under the age of 18;
   1.1.2.2. Has the time to adequately supervise Participant performance;
   1.1.2.3. Has the character, background, experience and training to motivate, lead and instruct Participant(s);
   1.1.2.4. Gives each Participant an initial work assignment for which the Sponsor deems him/her to be best qualified;
   1.1.2.5. Actively supervises the activities of the Participant(s) assigned;
   1.1.2.6. Provides orientation and instruction to enable each Participant to perform the various functions of each work assignment;
   1.1.2.7. Provides guidance and leadership to Participant(s) to motivate learning and practice good work habits and attitudes;
   1.1.2.8. To the extent feasible, provide each Participant with a varied work experience by rotating Participants among various jobs specified in the Department’s Short Term Work Experience Request Form;
   1.1.2.9. Establishes good working relationships with each Participant and among the Participants themselves;
   1.1.2.10. Maintains records and furnishes timecards, sign-in/sign-out sheets, and Participant Evaluation Reports. Participant Evaluations must include, attendance, punctuality, work habits and work progress;
   1.1.2.11. Reports any problems and / or concerns regarding any Participant to Sponsor and Pima County Work Experience Program.
   1.1.2.12. Reports any injury suffered by Participant to Sponsor for Workman’s Compensation purposes and notifies PCWEP.

1.1.3. Provide safe and sanitary working conditions for Participant(s) and refrain from using Participant(s) in activities and occupations prohibited by law.

1.1.4. Permit inspections and observation by Sponsor and WEX program staff.

1.1.5. Facilitate instruction of Worksite Supervisors regarding payroll procedures.
1.1.6. Provide sufficient equipment and materials to ensure that each Participant can carry out work assignments.
1.1.7. Work with Sponsor to address any grievance that may be filled by a Participant.

2. **DISMISSAL OF PARTICIPANT**

2.1 Except as set forth in paragraph 4.2 of the Agreement, County may refuse to continue the employment of a Participant only for “good cause” by notifying Sponsor. “Good cause” includes, but is not limited to:

2.1.1 Incompetence;
2.1.2. Insubordination;
2.1.3. Inattention;
2.1.4. Discourteous treatment of the public or employees;
2.1.5. Violation of User-Agency’s rules or procedures;
2.1.6. Immoral conduct;
2.1.7. Repeated unexcused absences;
2.1.8. Inability to perform assigned task, despite reasonable accommodation;
2.1.9. Conviction of a crime involving moral turpitude;
2.1.10. Conduct on or off duty that negatively impacts the reputation of the User-Agency;
2.1.11. Reporting to work under the influence of alcohol or drugs; or
2.1.12. Use of alcohol or drugs while at work.

2.2. “Good cause” does not include:

2.2.1. Religious or political beliefs held by the Participant; or
2.2.2. The need for reasonable accommodation.

3. **REASSIGNMENT OF PARTICIPANT**

3.1. A Participant may make a written request to Sponsor for a release from the assignment with a Department.
3.2. Sponsor, upon consultation with the Department and Youth One Stop, will determine if it is appropriate to reassign the Participant.

END OF EXHIBIT A
WORK EXPERIENCE PROGRAMS - DEPARTMENT REQUIREMENTS

1. The Department will ensure that the Worksite Supervisor monitors the following for each assigned Participant:
   1.1. Attendance: participant will attend or notify worksite supervisor of an absence.
   1.2. Punctuality: participant will be on time or will notify worksite supervisor.
   1.3. Verify time listed on timesheets is accurate.
   1.4. Positive behavior and attitude.
   1.5. Appropriate appearance.
   1.6. Good interpersonal relations.
   1.7. Effective task completion: completes task accurately and in a timely manner.
   1.8. Honesty.

2. The Department will ensure that the Worksite Supervisor:
   2.1. Participates in an orientation.
   2.2. Provides training necessary to ensure each participant is able to perform assigned task.
   2.3. Accurately records hours worked by each Participant and fax completed timesheets on a biweekly basis.
   2.4. Evaluates each Participant’s performance in the areas set forth in Paragraph 1 above.
   2.5. Provides adequate supervision.
   2.7. Cooperates with Sponsor in meeting any monitoring and evaluating requirements.
   2.8. Adheres to Emergency Procedures.
   2.9. Adheres to Grievance Procedure.
   2.10. Contacts Sponsor and WEX office immediately upon notification of any situation involving an injury to a Participant or the need for disciplinary actions.
   2.11. Allows Sponsor access to the worksite to review Participant progress.

I have reviewed, understand and comply with the responsibilities set forth above:

________________________________________________________________________
Worksite Supervisor Signature          Printed Name          Date

END OF ATTACHMENT 1
Worksite COVID Safety Protocols
Agreement Form

Work experience participants complete a subsidized internship opportunity with your facility. Due to the COVID-19 pandemic and our goal to keep our participants and anyone they come into contact with, healthy and to limit the spread of COVID 19, we respectfully request the disclosure of your company’s practices and/or policies regarding daily employee health screenings; wearing of personal protective equipment (PPE); social distancing and cleaning and sanitizing practices.

Please provide a description below of the following protective practices/policies designed to reduce the risk of transmission or exposure of COVID-19:

Daily Health Screening

Mask Requirements

Glove Requirements

Social Distancing

Cleaning/Sanitization

Other practices

**Company Representative:** By signing below you guarantee the above policies are adhered to the best of your staff and guests to limit transmission or exposure of COVID-19 while on your company’s premises.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name (Printed)</th>
<th>Date</th>
</tr>
</thead>
</table>

**Work Experience Participant:** By signing below you agree to comply with all of the above safety protocols and policies put in place to limit the transmission or exposure of COVID-19 while completing work experience hours on the company’s premises.

<table>
<thead>
<tr>
<th>Youth Worker Signature</th>
<th>Name (Printed)</th>
<th>Date</th>
</tr>
</thead>
</table>

**Parent:** By signing below you agree to the safety protocols in place and allow your child to participate at the worksite named above

<table>
<thead>
<tr>
<th>Participant Parent/Guardian Signature</th>
<th>Name (Printed)</th>
<th>Date</th>
</tr>
</thead>
</table>
Summer Internship and Short-Term Work Experience Program Request Form

Company Name: ________________________________________________________________

Worksite address: ______________________________________________________________

Primary Supervisor: ___________________________ Phone: _________________________

Secondary Supervisor: ___________________________ Phone: _________________________

Fax: ___________________________ Email: ________________________________________

Participants requested for:  _____ Summer Internship Session 1 (June 6th - June 30, 2022)
                           _____ Summer Internship Session 2 (July 5th - July 29, 2022)

Number of Participants: ________________

Participant Job Title: _________________________________________________________

Specific Skills participant(s) will perform (attach additional page(s) if necessary):

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

6. ____________________________________________________________

Specify hours and days participant(s) will work: ________________________________

Specific qualifications or skills desired for the position (e.g. computer, typing, bilingual): ______

__________________________________________________________________________

__________________________________________________________________________

By signing below, the company agrees ensure that each Worksite Supervisor adheres to the Work Experience Programs – Department Requirements set forth in Attachment 1:

_________________________________________  ________________________________
Company Representative Signature          Date

(Non-County Department USE)