



WIOA Trainee Work Plan

WIOA Worksite Agreement

Agreement Number: _____

PART 2: WIOA Trainee Work Plan

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

SECTION 1. Trainee Information

Trainee's Name: Last _____ First _____ MI _____

Trainee ID: _____ Program: Adult DLW Youth → IS OOS

Trainee Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

SECTION 2. Worksite Information

Name: _____

Supervisor: _____

Address: _____

Phone: _____

Worksite Phone: _____

Alternate Supervisor: _____

Days/Hours of Operation: _____

Alternate Supervisor Phone: _____

SECTION 3. General Training Information

Job Title: _____

Work Location: _____

Hourly Wage: _____

Estimated Start Date: _____

Maximum Hours (optional): _____

Estimated End Date: _____

Work Schedule: _____

SECTION 4. Duties and Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

SECTION 5. Certification and Approval

I certify that the above WIOA Trainee Work Plan is correct.

Trainee Signature	Date	Worksite Supervisor Signature	Date
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WIOA Representative Signature	Date	Alternate Supervisor Signature (if applicable)	Date
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SECTION 6. Modifications

If a Trainee Work Plan is being modified for any reason **other than changing Worksites**, complete the modification section below. If the Trainee is changing Worksites, a NEW Trainee Work Plan must be completed and attached to the corresponding WIOA Worksite Terms and Conditions.

§6.a. Modification #1

Date: _____

Modification #1: _____

Reason(s) for Modification #1: _____

§6.b. Certification and Approval

I certify that the above WIOA Trainee Work Plan modification information is correct.

Trainee Signature Date Worksite Supervisor Signature Date

WIOA Representative Signature Date Alternate Supervisor Signature (if applicable) Date

§6.c. Modification #2

Date: _____

Modification #2: _____

Reason(s) for Modification #2 : _____

§6.d. Certification and Approval

I certify that the above WIOA Trainee Work Plan modification information is correct.

Trainee Signature Date Worksite Supervisor Signature Date

WIOA Representative Signature Date Alternate Supervisor Signature (if applicable) Date

§6.e. Modification #3

Date: _____

Modification #3: _____

Reason(s) for Modification #3 : _____

§6.f. Certification and Approval

I certify that the above WIOA Trainee Work Plan modification information is correct.

Trainee Signature Date Worksite Supervisor Signature Date

WIOA Representative Signature Date Alternate Supervisor Signature (if applicable) Date