



# WIOA Work Experience Worksite Orientation

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## Worksite Information

Worksite Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Worksite Address: \_\_\_\_\_  
\_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Acknowledgement of Receipt

This is to certify that I have received, read, and understand the rules, regulations, and instructions contained in this orientation packet. I have also received a copy of the job description(s) of the participant(s) whom I will be supervising.

\_\_\_\_\_  
Worksite Supervisor Signature                      Typed Name of Worksite Supervisor                      Date

\_\_\_\_\_  
Alternate Supervisor Signature (if applicable)                      Typed Name of Alternate Supervisor                      Date

\_\_\_\_\_  
WIOA Representative Signature                      Typed Name of Authorized Representative                      Date