



## Ohio Valley Employment Resource

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[www.omj15.com](http://www.omj15.com)



**Serving Monroe, Morgan, Noble & Washington Counties Since 2000**

### OVERWIOAPL 15-13 Work Experience for Youth Placement Checklist:

**Determination whether work experience is a "training" situation or an "employment" situation.** According to the Wage and Hour Division of the U.S. Department of Labor, Employment Standards Administration, if all of the following six (6) items exist, the work experience can be considered a "training" situation and an employment relationship does not exist under the FLSA:

1. The training, even though actual operation of facilities is essentially a training experience similar to a vocational school;
2. The participant is primarily the beneficiary of the experience;
3. Regular employees are not displaced & experience is closely supervised/observed;
4. The provider that hosts the experience derives no immediate or significant advantage
5. The participant is not guaranteed a job at the conclusion of the experience; and
6. There is mutual understanding, the participant is not entitled to wages for this time because the activity is essentially a training experience.

As the participant is a "trainee" and an employment relationship does not exist under the FLSA, the FLSA's minimum wage and overtime provisions do not apply to the participant.

**Is this a "training" situation or an "employment" situation?** \_\_\_\_\_

**Who is the "Employer of Record?"** \_\_\_\_\_

This is the entity who retains the I9, W4 and any other payroll setup records. If the WIOA entity is not the "Employer of Record," the WIOA entity may assist with the documentation and completion of these forms, but is not required to maintain, as citizenship and date of birth have already been verified in enrollment into the program.

**Age of participant at commencement of work experience?** \_\_\_\_\_

The local area must ensure compliance with child labor laws. The employer must comply with all applicable federal laws and with state child labor laws if the participant is less than 18 years of age. The Fair Labor Standards Act (FLSA); Ohio Revised Code (O.R.C.) Chapter 4109 Employment of Minors, and Chapter 3331 Age and Schooling Certificates; and Ohio Administrative Code (O.A.C.) Chapter 4101:9-2 Employment of Minors in Occupations Hazardous or Detrimental to Health and Well-Being, are primary legislation which governs the employment of minors at the federal and state levels.

**If Minor, file must contain:**

- \_\_\_\_\_ Parental consent must be given for both paid and unpaid work experience.
- \_\_\_\_\_ Minors participating while school is in session also require a work permit.
- \_\_\_\_\_ Minors under 16 also must have an Age and Schooling Certificate (work permit)

**Employer review:**

- \_\_\_\_\_ Site reviewed for safety and health concerns.
- \_\_\_\_\_ The position did not result in displacement of another employee or a lay off.
- \_\_\_\_\_ Is it union? If so, union acceptance is noted on the signature page.
- \_\_\_\_\_ Verified Employer has not been debarred, suspended, declared ineligible or voluntarily excluded from Federal contracting.
- \_\_\_\_\_ Verified/reviewed no illegal discrimination on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, citizenship, or his or her status as a CCMEP participant.
- \_\_\_\_\_ Stressed the “partnership” of employer-CCMEP and importance of employer notifying CCMEP at the beginning of an issue for our assistance before it’s too late.
- \_\_\_\_\_ Explained the requirement of midpoint and final evaluation to employer (may wish to schedule tentative dates?)
- \_\_\_\_\_ Work experience contract completely signed and evaluation criteria complete & explained to participant.

**WCMS entry**

- \_\_\_\_\_ The objective assessment and ISS both indicate a need for work experience.
- \_\_\_\_\_ The objective assessment and ISS have been updated in WCMS.
- \_\_\_\_\_ Entry into CFIS client tracking.

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**Section Two – Monitoring**

Monitoring is required in state WIOAPL15-13. The monitoring will occur every three months or more frequently, depending on participant need. The monitoring will be done by representative of the CCMEP entity signing the contract.

**Pre-placement**

Based on participant objective assessment, ISS and work experience, is a three month on-site review of the work conditions and safety concerns appropriate? \_\_\_\_\_ If not, detail in the case notes. It is understood your communication with the participant will be more frequent.

Date of Review: \_\_\_\_\_ Location Participant will be located: \_\_\_\_\_

1. Safety concerns noted: \_\_\_\_\_

If noted, detail your explanation of avoidance to participant.

(If outside cover possible sun exposure, insect bites, poisonous plant recognition)

2. Health concerns noted: \_\_\_\_\_  
If noted, detail your explanation of avoidance to participant.  
(Attempt to inquire to health conditions and/or allergies if they may pertain to working conditions.)

\_\_\_\_\_3. Review that there is no apparent illegal discrimination on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, citizenship, or his or her status as a CCMEP participant. Any noted? \_\_\_\_\_ If so, do not contract.

\_\_\_\_\_4. Inquire as to the understanding of the participant of the work and associated equipment/tools to be performed/utilized. Comments, if needed:

\_\_\_\_\_5. Assess the communication skills required. Does the participant appear to need additional coaching? If so, explain.

6. Based on review of work environment does this arrangement have the potential to be successful work experience? \_\_\_\_\_

Schedule tentative next visit \_\_\_\_\_ (max. 3 months, alert all parties to notify CCMEP if circumstances/environment change substantially for reschedule)

Other issues?

Name of Monitor: \_\_\_\_\_

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Follow-up Visit, (most beneficial if supervisor review is received prior to visit/can be done in conjunction with visit) Attempt to minimize time and disruption to employer.

Date: \_\_\_\_\_ Name of Monitor: \_\_\_\_\_

Review Initial visit notes, follow up on any concerns identified:

Did changes occur in work environment?

If possible review any low ratings of supervisor to understand and correct. Elicit examples from supervisor and follow up with participant when possible. Comments?

Gauge communication level with co-workers and supervisor. Offer suggestions for improvement, if appropriate. Comments?

Identify participant's level of enthusiasm and ways that work experience has changed work perception.

Other? Time left on contract/is future monitoring warranted? If so, schedule.