

WORKSITE AGREEMENT

Choctaw Nation of Oklahoma

WIOA Department • PO BOX 1210 • Durant, OK 74702

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_____ YOUTH WORKER NAME		_____ WORK HOURS PER DAY	_____ TOTAL/WEEK	
_____ WORKSITE NAME (POSSE)		_____ WORKSITE MAILING ADDRESS		
_____ WORKSITE PHYSICAL ADDRESS		_____ CITY	_____ STATE	_____ ZIP
_____ WORKSITE PHONE		_____ WORKSITE FAX		

The worksite listed hereby agrees to:

1. Adhere to the provision of the Department of Labor child labor laws and YP guidelines.
2. Provide adequate supervision for each participant.
3. Provide a safe and healthy work environment.
4. Ensure that sufficient work will be available to occupy all participants during work hours.
5. Provide sufficient equipment and/or supplies to carry our work assignments.
6. Provide a paid 15 minute break in the morning and afternoon and allow an unpaid lunch time consisting of 30 minutes minimum.
7. ENSURE THAT PARTICIPANTS IS NOT PAID FOR ABSENCES OR UNWORKED HOURS.
8. Guarantee that no participant will be required/allowed to work more than the number of hours assigned by grantee.
9. Cooperate with monitors from Choctaw Nation and provide verification of above in a timely manner.

WORKSITE SUPERVISOR (Signs Timesheets):

Print: _____ (Primary Worksite Supervisor) Print: _____ (Secondary Worksite Supervisor)

What does this business do? _____

Brief description of the participant's job duties and assignments: _____

Primary Supervisor Signature: _____ **Date:** _____

****Employer is responsible for pay to participant if participant works before the start date of program or more than 40 hours per week without permission from the Director/Assistant Director of Choctaw Nation YP. Independence Day is a Federal Holiday. If a participant is an active employee through the Choctaw Nation, they are ineligible for the YP. This is a written agreement holding the aforementioned worksite location harmless from any injury sustained.*

Substitute Supervisor Signature: _____ **Date:** _____

****Can sign timesheet in place of primary supervisor.*

FOR OFFICE USE ONLY

WIOA STAFF _____ **Date:** _____

AUTHORIZED SIGNATURE OF GRANTEE

TITLE

DATE