

Operation Recovery Work Experience Program



Employer Handbook 2020

Employer Handbook

This handbook details the roles and responsibilities of the Worksite Supervisor(s) related to the CareerSource Polk Operation Recovery Work Experience Program

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Program Overview & Introduction to CareerSource Polk Operation Recovery Experience Program

Thank you for partnering with CareerSource Polk (CSP) to provide a positive, productive and constructive work experience to our participants. As a Supervisor participating in this program, you will play a key role in ensuring that all participants assigned to your worksite have a productive work experience.

Program Purpose:

CareerSource Polk's Operation Recovery Work Experience Program is funded by federal grant funds to provide meaningful work experiences. As an approved worksite, you are among many businesses and community members in the County who are developing and training your own talent.

Eligible participants will be assigned at your place of business to work for up to 40 hours per week during 10 weeks or until November 30, 2020. All participants have been pre-screened, registered through CareerSource Polk (CSP), and supported by a CSP Career Development Specialist.

A meaningful work experience is significant for participants who have a genuine desire to work but may not possess the exact skills you are looking for. This work experience program gives participants a chance to develop new skills, set career goals, earn money and learn more about the community in which they live.

Eligibility:

Participants have been determined eligible for the Work Experience program participation. Participants will be formally oriented on the importance that this opportunity brings. CSP may complete a background check and drug test if required by the employer.

Worksite Supervisor Qualifications/Responsibilities

Supervisors must be willing to develop, train and coach participants. It is the responsibility of the worksite supervisor to hold CSP participants to a strict standard of attendance, punctuality and performance while motivating them to be part of a work team.

- I. **The following supervisory skills are deemed essential in providing quality supervision for participants:**
 - a. An understanding, patience and reasonable tolerance while developing participants.
 - b. A commitment to a positive and friendly manner. It is requested that supervisors define an appropriate employer/employee formality.
 - c. Lead by example demonstrating outstanding work ethics.
 - d. Demonstrating a willingness to establish a comfortable working relationship where the participant feel free to ask questions and discuss problems.
 - e. Using a communication style that reflects a commitment to mutual respect.
 - f. Clearly defining expectations and being consistent with holding the participant to these standards.
 - g. Organizing duties and projects for the participants and over-communicate expectations.

It is essential that participant(s) have a sufficient number of assigned tasks/duties to fill a working day. We expect that each participant have significant experiences during their employment. Please ensure that each participant has enough assignments to complete during their work day.

- II. **Responsibilities of a worksite supervisor include but are not limited to the following:**
 - a. Assist in the development of a job description for each position that participant will have at your worksite.
 - b. Ensure all participants have a safe and meaningful work experience.
 - c. Provide and orientation to the participant assigned to your location. Orientation should include:
 - the job description and structure of your organization/business;
 - agency policies and procedures that would ordinarily be shared with any new employee, such as personnel rules and safety considerations;
 - an explanation of work rules, dress code and expected behavior;
 - introductions to other employees including directions regarding whom the participant should go to for assistance;
 - Work schedule and any structured break times, including where and how to sign in and out each day.
 - Location of the restrooms, drinking fountains, cafeteria, or other key areas.
 - Location and use of facilities, such as restrooms, employee lounge or break area, employee parking, any restricted areas, etc.
 - Name and telephone number of person to contact in case of absence/tardiness.
 - Explain and show participant how job tasks are to be performed.
 - Help participant understand the importance of routine tasks and support them in seeing the big picture of how what they do supports the organization/business.
 - Assign tasks that are challenging to the participant and in an adequate number to fill the hours of the workday.
 - Help participant organize their work.
 - Provide adequate supervision.
 - Assign participant daily or weekly work objectives. This will help them manage and achieve goals.
 - Provide the participant professional feedback on their performance through weekly evaluations.
 - Monitor completion of all timesheets on a daily/weekly basis.
 - Complete a Post Program Evaluation for the participant at the conclusion of the program.

Policies & Procedures for Managing the Work Experience

The following expectations of daily participation and general program worksite management supporting the success of the participants in the work experience program have been defined and will be considered policies and procedures for ongoing supervision.

Weekly Work Schedule

Participant schedules shall be determined by the worksite location and follow the schedule listed in the worksite agreement. Any changes to the schedule must be communicated to CSP's Director of Operations.

Absenteeism

Regular attendance is required of all participants. In the event an emergency situation should arise, the participant must call their Worksite Supervisor AND CSP's Career Development Specialist prior to their designated work start time. Such notification must be done within 15 minutes of the participant's regularly scheduled start time. Failure to call within the prescribed 15-minute period or failure to report absence will result in a **Poor Work Performance Notification**, which precedes an **Employment Termination Notification**. A participant will be given an opportunity to improve in the area of concern in order to prevent termination from program.

Punctuality

All participants are required to be punctual which includes returning from breaks if any and lunch periods on time. If a participant is late, there must be an acceptable reason for the tardiness. In the event of chronic tardiness, a **Poor Work Performance Notification** will be issued.

Holidays

There are no provisions for a participant to be paid for legal holidays. All legal holidays that fall within the program period should be recognized as days off. Some worksites may require work on the holiday; in that situation the participant may be given an alternate day off (up to the discretion of worksite).

Inclement Weather (if applicable to job responsibilities)

In the event of inclement weather, it is the obligation of the Worksite Supervisor to assign secondary job duties as listed on the participant's job description.

Undo Harassment

It is the expectation of the program that neither participant nor the worksite staff shall conduct themselves in a manner definable as harassment. Matters of harassment shall be viewed as significant by CareerSource Polk and shall be reviewed with serious consideration.

Grievance Procedures

It is the policy of this program that no participant will be discriminated against because of race, religion, color, handicap, sex, age, national origin, beliefs or political affiliation. A positive goal oriented program has been established to achieve this objective. All participants will receive a copy of the Grievance Procedures form. This form outlines the steps that must be taken in order to file a grievance. A copy of this grievance form is included in this handbook.

Worker's Compensation

The program provides Worker's Compensation coverage for medical expenses for participants injured on the job. If time is lost from the job due to injury, supervisors will indicate as such on the timesheet. **The participant is not eligible for any compensation when not at work.**

Injury Instruction

Injuries must be reported to the participant's Worksite Supervisor and CSP's Director of Operations as soon as possible. An injury procedure form must be posted at the worksite area, along with emergency information form.

Payday

All payroll processing will be managed by CSP. Participant will complete a paper timesheet provided to you. The Worksite Supervisor must review and approve timesheets in order for them to be valid, or in his/her absence, by the assigned CSP Program Manager. All payroll questions should be referred to CSP's Director of Operations.

Additional information on this process will be provided separately.

Payroll Deductions

Standard deductions such as FICA (Social Security), Medicare and, if applicable, federal taxes will be withheld from participant checks.

Standards of Professional Conduct for Participants

CareerSource Polk's work experience participants are expected to conduct themselves in a professional manner at all times while employed. Infractions of the professional code of conduct will result in appropriate disciplinary action. The following policies must be observed as part of the employment experience. These policies are not to suggest other policies at the worksite should not be developed if deemed important and necessary:

Weapons Control Policy

It is the policy of this program that the possession, use, or sale of firearms, ammunition, fireworks or other dangerous weapons is prohibited. Violation of this code will result in immediate termination from the program. Offenders will be prosecuted to the fullest extent of the law.

Drug Free Policy

It is the policy of this program that participants shall not be involved in the unlawful use, possession, sale or transfer of drugs or narcotics in any manner. This includes the off-property abuse of alcohol, illegal drugs, controlled substances or prescription drugs which impair the participants' ability to perform.

Sexual Misconduct Policy

It is the policy of this program to prohibit all sexual contact. Violation will result in immediate termination.

Dress Code Policy

It is the policy of this program that all participants have good grooming habits and appropriate attire and will comply with the dress code policy defined by the worksite employer.

Visitor Policy

It is the policy of this program that participants will not be allowed to have visitors nor receive non-emergency personal telephone calls during work hours.

Cell Phone Policy

Cell phone usage during participation of work experience is prohibited. All cell phones must be turned off during regularly scheduled work hours – possible exceptions could be mealtimes or breaks. Exceptions must be in compliance with the worksite employer. Please review these expectations with the participants.

If at any time the Worksite Supervisor is having challenges with the participant, the CSP Director of Operations will provide worksite support and determine the need for personnel action.



Contact Information for Incident Reporting

All incidents involving altercations, harassment, and misconduct must be escalated using the following points of contact.

Initial Point of Contact: Worksite Supervisor

Name: _____

Location: _____

Phone _____ Email _____

Primary Contact:

CareerSource Polk's Director of Operations: **Arlalia Oldham-Wesley, (863) 508-1100 x1118**
Arlalia.oldham-wesley@careersourcepolk.com



Injury Reporting Procedures

Emergency Incident Response

In case of an **EMERGENCY**,

- a. Call 911 and coordinate immediate assistance.
- b. CareerSource Polk staff contact to communicate details of accident and location of participant.

_____ CSP	863-508-1100 _____ Phone #
Arlalia Oldham-Wesley _____ CSP Director of Operations	863-508-1100 x1118 _____ Phone #

Non-Emergency Incident

Contact the above CSP Manager to determine need for medical services and location of services if required.

If there is an **emergency**, immediately send employee to the nearest urgent care, hospital or call 911 for an ambulance to transport the participant to the nearest hospital.

Staff and Supervisor Completion of Injury Incident Report:

Worker's Compensation Coverage (medical coverage only):

Participants in the Operation Recovery work experience are included under **CareerSource Polk workers compensation coverage**.

Please contact CSP Director of Operations at the above number to report any injuries immediately. The Director of Operations will follow CSP's established protocol with ESIS, Inc., CareerSource Polk's third party administrator for workers compensation claims.



Participant Injury Report

Contact

Arlalia Oldham-Wesley or Luz Heredia
arlalia.oldham-wesley@careersourcepolk.com
luz.heredia@careersourcepolk.com

Work Experience Staff Worksite Review

Work Experience Site _____
Address _____
Phone _____
Supervisor _____

Site Activities	Yes	No
1. Does it appear that there will be sufficient activities for all participants requested?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does it appear that there will be adequate supervision?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does it appear that the supervisor is interested in the program and has a reasonable knowledge of the program?	<input type="checkbox"/>	<input type="checkbox"/>
4. If the site is predominately out of doors, are alternatives arrangements available for inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there sufficient materials, tools, and equipment for participants?	<input type="checkbox"/>	<input type="checkbox"/>

Safety Review	Yes	No
1. Does the site appear to have safe and sanitary conditions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the participant be performing activities around any hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the site require the participant to wear safety gear?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the site provide the necessary safety gear	<input type="checkbox"/>	<input type="checkbox"/>
5. What are the necessary items to be worn? (check if applicable) ___goggles ___gloves ___boots ___hard hat ___shin ___guards ___other (specify below)		
6a. If applicable, what type of equipment or tools will the participant be using?		
	Yes	No
6. Will the participant be transported to other locations? If yes, what mode of transportation will be used?	<input type="checkbox"/>	<input type="checkbox"/>
7a. Will participant be covered by liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Name Print		Signature
Date		Title

Instructions for Time & Attendance Management

A participant's timesheet is the basis for calculating wages; therefore, it is very important that it is completed accurately. It is then the responsibility of the Worksite Supervisor as well as the participant to verify all information recorded on the timesheets.

If the timesheet is completed incorrectly, a participant will not be paid on time. It is important that each participant be aware that standard deductions, which include FICA and Social Security, are withdrawn from each paycheck.

- Participant will complete paper timesheets indicating the number of hours worked on a daily basis.
- Participant must report in and out to the Worksite Supervisor at the start, lunch break and end of each day.
- Worksite Supervisor must keep track of the participant's hours worked in order to approve the timesheet.
- Participant must complete the timesheet by reporting hours worked on the quarter hour only [every fifteen (15) minutes]. If a participant arrives five (5) minutes after any quarter hour begins, the participant must register hours at the beginning of the next quarter hour. For example, if a participant arrives at 8:05 a.m., time should indicate 8:15 a.m.
- Worksite Supervisors must verify and approve the timesheet during the pay period and submit via email to arlalia.oldham-wesley@careersourcepolk.com

Participant's Performance Evaluation

The Worksite Supervisor should provide weekly feedback to the participant. At the end of the program, Worksite Supervisors will complete an evaluation that will be reviewed with the participant.

CSP Director of Operations will meet with Worksite supervisors at a minimum of once a week. This is necessary in order to adequately serve the participants and address any developing worksite needs. Worksite support will include:

1. Support of general supervision to include ongoing feedback to both employer and Worksite Supervisor.
2. Management of critical incidents and as the employer of record.
3. Worksite injury and worker's compensation coordination.
4. Ongoing review of worksite safety to include compliance with Wage and Hour and Federal/State Labor Law requirements.



Operation Recovery Work Experience General Workplace Performance Evaluation

PARTICIPANT:					ID:				
Worksite:					Job Title:				
INSTRUCTIONS: Evaluations should be completed twice within the AWEF program (within the first 30-days of placement and within the last 30-days of placement). Employers should evaluate the participant's performance using the competencies listed below. Comments are requested for all ratings of marginal to no proficiency. Please include feedback as to how they need to improve their work performance.	Proficiency Level					Rating Period			
	Unsatisfactory	Marginal-Needs Improvement	Satisfactory	Above Satisfactory	Exceptional	<input type="checkbox"/> First 30-day Evaluation			
						From		To	
						<input type="checkbox"/> Final 30-day Evaluation			
						From		To	
Competency Indicator	1	2	3	4	5	Comments			
1. Completed tasks to the satisfaction of the supervisor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. Requested further assignments upon completion of the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. Completed assigned tasks within reasonable timeframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4. Followed supervisor instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. Worked with co-workers in professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6. Interacted with supervisor in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7. Attempted to resolve work related problems in professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8. Organized and prioritized tasks effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9. Dressed appropriately for the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10. Demonstrated satisfactory attendance and punctuality	Yes			No					
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				
11. Notified supervisor if late or absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12. Demonstrated a satisfactory and acceptable level of performance overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
GENERAL COMMENTS/OBSERVATIONS:									
_____ Signature - Participant					_____ Signature – CSP Director of Operations				
_____ Signature – Worksite Supervisor									

Safety Review

The safety and well-being of every participant is critically important. Complete this checklist with ALL participants and review any other relevant safety and emergency policies and procedures specific to your workplace.

		Yes	No	N/A
1	CLEANLINESS: Are work areas clean? Is trash removed regularly? Is combustible trash/material in approved containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	FLOORS/AISLES: Are floors and other surfaces smooth? Are aisles clear of hazards that may cause falls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	STAIRS/RAMPS: Is sufficient lighting present and functional? Are handrails installed and properly positioned? Are ramps/inclines equipped with non-slip surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are rungs free of cracks or breaks? Are hinges working properly? Are safety feet/braces in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	STORAGE: Is there sufficient space to minimize clutter? Do corners have unobstructed views? Are products stacked in an orderly and stable fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	MACHINES/EQUIPMENT: Are standard safety guards or guides provided and in working order? Are machines/equipment in safe operating condition and maintained consistent with manufacturers requirements? Are warning signs regarding unauthorized uses attached to machines/equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	MATERIALS HANDLING: Is material handling equipment provided, used and maintained according to manufacturers' instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	HAND TOOLS: Are hand tools in safe condition, free of excessive wear and tear, and well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	ELECTRICAL: Are machines and power equipment properly grounded and using power cords in safe operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	LIGHTING: Is there sufficient lighting present and functional in work areas? Is emergency lighting in place, functioning and regularly tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	PERSONAL PROTECTIVE EQUIPMENT: Is "PPE" provided and used whenever and wherever necessary and appropriate? Is PPE in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	FIRST AID: Are individuals trained in first aid techniques clearly identified and known by all? Are facilities/safe areas provided to enable effective rendering of first aid should it become necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	FIRE EXTINGUISHERS: Are extinguishers present, readily accessible and clearly marked? Are they in working order and carrying current services tags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	EXITS: Are exits clearly marked and accessible? Are evacuation routes posted for all to see/read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	BOILERS/PRESSURE VESSELS: Are certificates of inspection (as required) present and current? Are safety devices in working order and tested regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	EMPLOYEE TRAINING: Are all employees trained in proper lifting techniques, use of equipment, and how to deal with hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	GENERAL: Are records kept on inspection reports by applicable regulatory agencies? Do files contain recommendations and implementation of corrective actions as ordered by such agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Signature – Worksite Supervisor				

CareerSource Polk Performance Notification / Termination

Under the condition that you observe unsatisfactory work behavior, the Worksite Supervisor will report incidents of “poor work performance” to CSP’s Director of Operations, who will take immediate action to address the behavior and engage both the Worksite Supervisor and participant in said discussion. The involvement of CSP staff is not required to address “poor work performance” behaviors; however, staff worksite support should be engaged if a situation is not improving or the participant has violated an important standard of work conduct. If the performance concern cannot be resolved through communication between the CSP staff, the Worksite Supervisor and participant, formal disciplinary action will be approved.

Disciplinary action may consist of any one of the following:

1. Verbal warning to participant (meeting with Worksite Supervisor and CSP’s Director of Operations).
2. Issue of a Poor Work Performance Notification to the participant (sample attached). This notification will outline the problem(s), recommend positive action steps to resolve the problem(s) and establish a time frame for corrective action to take place.
3. Termination of the participant from the Work Experience Program. Final termination rests with CSP’s Director of Operations. Neither the Worksite Supervisor nor CSP’s Director of Operations has the authority to implement final termination unless there is immediate danger of physical harm. The Worksite Supervisor may request a participant not return to work if the situation is deemed critical by the supervisor.

Formal disciplinary action will result from consultation between the Worksite Supervisor and CSP’s Director of Operations. Worksite supervisors should provide ongoing feedback regarding unsatisfactory performance, however, if formal action is required, worksite support staff must be notified.

In the case of unsatisfactory work behavior, it is the Worksite Supervisor's responsibility to report said issues to the CSP Career Development Specialist as soon as possible. CSP’s Director of Operations is responsible to take immediate action to address the situation. If the performance concern cannot be resolved through communication between CSP’s Director of Operations, the Worksite Supervisor and participant, CSP’s Director of Operations will be contacted to authorize disciplinary action. It is the goal of our program to provide a well-managed discipline process that:

1. Formally defines work related expectations.
2. Ensures quality ongoing communication with participant regarding their work performance.
3. Addresses “poor work performance” issues in a pro-active manner.
4. Communicates with participants the expectations and uses a progressive discipline system.
5. Supports CSP’s Career Development Specialist in having counseling-level involvement during the discipline process.



Poor Work Performance Notification

Participant's Name _____ Date _____
 Employer _____
 Supervisor's Name _____

As a participant of the Operation Recovery Work Experience Program, you are aware of your work related responsibilities and program expectations related to your work performance. During a recent evaluation period or as it relates to a critical incident, you have shown less than acceptable performance in the following area(s):

- Not demonstrating positive work attitude and behavior
- Not presenting appropriate appearance
- Not exhibiting good interpersonal skills
- Problems with Supervisor / Problems with Co-workers
Describe: _____
- Not completing work tasks effectively
Describe: _____
- Not being punctual (Dates and Description): _____
- Not attending work as scheduled (Dates and times of non-attendance) _____
- Other _____

Based on the above, the following behavior changes must be demonstrated to maintain your employment:

If you do not improve your work behavior over the next week to an acceptable level of performance, you will be terminated from participation in the work experience program.

 Signature - Participant

 Signature – CSP Director of Operations

 Signature – Worksite Supervisor



Employment Termination Notification

Participant's Name _____

Date _____

Employer _____

Worksite Supervisor's Name _____

Termination Type:
<input type="checkbox"/> Progressive Discipline Termination per Ongoing Communication: Date of written Warning for Poor Work Performance:
<input type="checkbox"/> Critical Incident Incident description:

Your work performance has violated a specific work related expectation (critical incident) or has not improved to an adequate level since the last progressive discipline intervention. As per standards of behavioral expectations defined during new hire employee orientation or per specific discussion of poor performance in a prior meeting with your Worksite Supervisor and CSP staff, you were informed of the importance of expectations related to your work performance and the possible consequences to include termination, therefore:

CSP regrets to inform you that you have been terminated from further participation in the Operation Recovery Work Experience Program as of today's date. You will be paid in full for the hours worked up and to this date in accordance with the normal payroll schedule. Describe next program activity if applicable.

You have been terminated for the following reason(s):

- | | |
|--|--|
| <input type="checkbox"/> Not presenting appropriate appearance | <input type="checkbox"/> Not exhibiting good interpersonal skills: |
| <input type="checkbox"/> Problems with Worksite Supervisor | <input type="checkbox"/> Problems with co-workers |
| <input type="checkbox"/> Not completing work tasks effectively | <input type="checkbox"/> Not being punctual |
| <input type="checkbox"/> Poor attendance record | <input type="checkbox"/> Other |

Details as determined necessary:

If you feel you have been wrongly terminated, you have the right to appeal this decision with CSP's Director of Operations, and/or follow the defined CSP's Grievance procedures.

SIGNATURES

Participant _____

CSP's Director of Operations _____

Worksite Supervisor _____

NOTE: Action must be pre-approved by CSP's Director of Operations



Operation Recovery Work Experience Program Acknowledgement of Receipt of Handbook

Thank you for agreeing to serve as a Worksite Supervisor for the CareerSource Polk Operation Recovery Work Experience Program. This handbook has been developed in order to outline the policies and procedures of our program.

By signing below, I acknowledge receipt of the Worksite Supervisor Handbook for the Operation Recovery Work Experience Program. I understand that I must take the time to review this information and pass the handbook on to others who will be working with program participants.

Worksite Agency

Date

Supervisor (please print)

Title

Signature

Email address