

# Summer INTERNSHIP



## Youth Internship Program Employer Handbook

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## PROGRAM PURPOSE

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The CareerSource Polk Summer Youth Internship Program (SYIP) is funded by federal grant funds to provide meaningful work experiences for Youth ages 16 - 24 throughout Polk County. As an approved worksite work experience, you are among many businesses and community members in your area who are providing training for tomorrow's workforce.

Interns will be placed at your place of business for up to 9 weeks to gain a "real world" work experience to discover the career paths to become a productive member of our community. CareerSource Polk SYIP gives youth a chance to develop skills, set career goals, earn money and learn more about the community in which they live.

## ELIGIBILITY FOR WORK EXPERIENCE PROGRAM

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Interns must be between 16 - 24 years of age and have been determined eligible for the **Work Experience** program. All Interns will successfully complete work-readiness curriculum prior to and/or during their participating in SYIP. Interns will be formally oriented on the CareerSource Polk' Youth internship component. Interns will also complete an FDLE background check and drug test.

CSP's **Work Experience** Program emphasizes the following:

- a. Opportunities for Youth to make the connection between academics and career pathways
- b. Employability skills development
- c. Development of "soft skills" necessary for future employment
- d. Coaching and support by CSP staff

## PROGRAM DATES

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This year, SYIP will start on Monday, June 7, 2021 and will end by Friday, August 6, 2021.

## ORIENTATION AND JOB READINESS TRAINING

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SYIP Staff understand that for many Interns, this is their first paid work experience. We will ensure that Interns will receive training on various topics and skills that they may encounter during the summer internship. Worksite Supervisors will be notified in advance of all mandatory trainings that Interns are required to attend.

The Orientation and Job Readiness Training will consist of various workshops and training that will prepare and provide you with the skills needed in the workforce. Some of the topics discussed include:

- Conflict Management
- Development of Professional Goals
- Effective Communication
- Soft Skills
- Financial Literacy (budgeting, saving)
- Resume/Portfolio development
- Professional Development
- Quality Customer Service

## GRIEVANCE PROCEDURE POLICY

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It is the policy of this program that Interns are not discriminated against because of race, religion, color, handicap, sex, age, national origin, beliefs, or political affiliation. All Intern will receive a copy of the Grievance Procedures form. This form outlines below, and a copy of this grievance form is included in this handbook.

If a grievance occurs:

1. The Interns is to first, try to work it out with the Worksite Supervisor.
2. If it is not possible, they are instructed to contact their Worksite Monitor. Which, the Worksite Monitor will meet with the Intern and the Worksite Supervisor.
3. If the problem remains unresolved after the meeting the Intern may request a meeting with Management to request that further action be taken.
4. If needed, Management will meet with CareerSource Polk VP of Operations to resolve the issue. The Intern and the Worksite Supervisor will be notified of the outcome.

## SYIP STAFF RESPONSIBILITIES

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CareerSource Polk SYIP team is in place to assist you throughout the program. This team consists of:

- Management
  - Providing support and guidance to Employer Worksite Supervisors.
  - Communicating pertinent information about the program to Worksite Monitors to be disseminated to the Worksite Supervisors.
  - Facilitating the process for transfers, resolving pay disputes, and other program issues.
- SYIP Worksite Monitor
  - Monitor the Interns worksite environment to ensure youth are receiving a quality work experience.
  - Ensure that Worksite Supervisors are receiving adequate assistance and resources.
  - Request and track evaluations from Worksite Supervisor for each Intern.
  - Follow-up with Worksite Supervisors when documents have not been submitted as requested.
  - Support the Worksite Supervisors with any issues they are experiencing with the Interns.

## WORKSITE SUPERVISOR RESPONSIBILITIES

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For many participants, the experience they obtain in your organization is the first chance to test their abilities and discover their vocational preferences. They may bring to the job unrealistic ideas and in some cases resistance to structure. If the unrealistic ideas and resistance to structure are allowed to continue, the result could be the development and reinforcement of poor attitudes and behaviors. You, as the supervisor, have the responsibility to deal with these factors from the onset of the participant's assignment while teaching and inspiring confidence in the Interns. It is the responsibility of the Worksite Supervisor to hold Interns 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 Interns:**
  - a. An understanding, patience and reasonable tolerance for teen/young adult behavior.
  - b. A commitment to a positive and friendly manner, however, as a supervisor one cannot be a friend of the Interns.
  - c. Demonstrating a willingness to establish a comfortable working relationship where Interns feel free to ask questions and discuss problems.
  - d. Using a communication style that reflects a commitment to mutual respect.
  - e. Clearly defining expectations and being consistent with holding Interns to these standards.
  - f. Organizing duties and projects for the Interns and over-communicate expectations.

The most consistent problem with worksite supervision and subsequently Interns work performance is the lack of a sufficient number of assigned tasks/duties to fill a working day. It is expected that each Intern will have significant experiences during their employment and has enough assignments to complete during their workday.

- I. **Responsibilities of a worksite supervisor include but are not limited to the following:**
  - a. Ensure that youth are properly supervised at all times.
  - b. Ensure that Interns are following the time and attendance procedures,
  - c. Ensure that timesheets are submitted and approved promptly.
  - d. Keep the Worksite Monitor informed of all issues that occur with Interns.
  - e. Complete performance evaluations for Interns during the reporting period.
  - f. Ensure all Interns have a safe and meaningful work experience.
  - g. Provide and orientation to the Interns assigned to your location. Orientation should include:
    - Job description and structure of your organization/business;
    - Agency policies and procedures that the Intern need to be aware of.
    - Explanation of work rules, dress code and expected behavior;
    - Introductions to other employees including whom the Interns should go to for assistance;
    - Work schedule and any structured break times. **Child Labor Laws require that the Interns have at least a thirty-minute break for each five-hours of work. Lunch breaks are unpaid.**
    - Name and telephone number of person to contact in case of absence/tardiness.
    - Explain and show Interns how job tasks are to be performed.
    - Assign tasks that are challenging to the Interns and in an adequate number to fill the hours of the workday.
    - Provide the Interns with professional feedback on their performance weekly.

## PLACEMENT RESTRICTIONS

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As we continue to seek ways to provide every Intern with positive work experiences, we have developed placement restrictions to ensure program quality and fairness.

- Interns are restricted from being placed at the same worksite as family members.
- Interns are restricted from being placed at the same worksite for multiple summers.

## LUNCH BREAK POLICY

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Interns are required to take at least one (1) **30 minute**, unpaid lunch break when working over five (5) hours for a shift. It is the responsibility of the Worksite Supervisor to coordinate a lunch break policy for their respective worksite. This plan will be provided to each summer intern during their job-site orientation on the first day of work.

## ABSENTEEISM

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Interns are required to provide advance notice of anticipated absences. In the event they are unable to speak to a Worksite Supervisor, they must contact their Worksite Monitor to inform them of the anticipated absence.

- If the Intern has an emergency, they must follow the proper protocol that has been set in place by their respective Worksite Supervisor.
- If the Intern must leave their worksite before the end of their work shift, they must notify the Worksite Supervisor before the start of that shift.
- Interns will not be paid for any absences.
- Failure to follow the absenteeism protocol may result in a poor work performance notification, which may result in termination.
- Requesting time off does not mean it is approved. Interns must first receive approval before taking time off.

Failure to follow this process will result in a **Poor Work Performance Notification**, which precedes an **Employment Termination Notification**. Interns will be given an opportunity to improve in the area of concern in order to prevent termination from program.

## TARDINESS

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All Interns are expected to arrive at work on time, in proper work attire and ready to work each day. Interns must ensure that they return from all breaks on time. In the event they are expecting to be late, they have been instructed to call their Worksite Supervisor **BEFORE** the designated shift. In the event of chronic tardiness, a **Poor Work Performance Notification** will be issued.

## SUBMITTING TIMESHEETS

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Timesheets are used to calculate the hours worked for each pay period. It is the responsibility of the Worksite Supervisor and the Interns to verify the accuracy of all information recorded on the timesheets. If a timesheet is inaccurate or turned in late, can result in late payment.

- Timesheets must be submitted by close of business on Friday or by 8am on Monday morning to ensure that the summer intern will get paid on time.
- Hours on timesheets **must not exceed the 30 hour per week maximum.**
- Both the Interns and the Worksite Supervisor must sign and submit the timesheet by the deadline.
- Interns **are only paid for hours worked** and are not paid for lunch breaks or holidays.
- Timesheets are reviewed by Worksite Supervisor and Worksite Monitors.
- It is the Intern's responsibility to accurately record their work attendance. Any corrections to a timesheet must be approved by both the Intern and the Worksite Supervisor.
- There are no provisions for Interns to be paid for legal holidays unless they have hours worked. Some worksites may require work on the holiday; in that situation Interns may be given an alternate day off (up to the discretion of worksite).

If Interns are having difficulties with their timesheets, they can contact their Worksite Supervisor or Worksite Monitors. The timesheet is their attendance record and will be used in order to determine paycheck amount.

## INSTRUCTIONS FOR APPROVING TIMESHEETS

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- Step 1: To login: Use URL: <https://careersourcesyep-online.ghg.com/>
- Step 2: Enter Username: Last Name and First Initial (Uppercase) – Example = BrownK5522
- Step 3: Enter Password: Last Name and First Initial (Uppercase) – Example = BrownK
- Step 4: Click Client and review timesheet
- Step 5: Under select a group select your worksite
- Step 6: Under timesheet dates select the ending date of the week
- Step 7: Under select status click ready
- Step 8: Click view selected Timesheets
- Step 9: Under Open All Selected select the top box it will show all timesheets for your interns
- Step 10: Click Open all selected
- Step 11: Click Approve All if all the timesheets are correct. If the timesheet is not correct there is a Supervisor tab in the middle right corner of the screen.
- Step 12: Click the drop down menu it will give you the option to approve, reject, or unsubmit the timesheet.
- Step 13: Choose the appropriate action and click save.

## MISCONDUCT AND PERFORMANCE CONCERNS

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Interns are expected to follow all guidelines and procedures provided in this handbook and by the guidelines provided by the worksite. Worksite Monitors should be notified immediately of any misconduct or performance concerns. A meeting will be scheduled with the Intern to discuss their current performance and the expectation for improvement. Interns who have engaged in misconduct or has ongoing performance issues may be terminated from the worksite.

### POOR PERFORMANCE

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Worksite Supervisors may address misconduct by using the following actions:

- Conversation about performance
- Verbal warning
  - Issue a poor performance notification to the Interns
  - This notification will outline the concern(s), recommended steps to resolve the issues and establish a timeframe for corrective action to take place. This step will be completed in collaboration with the Interns, Worksite Supervisor and Worksite Monitors.
  - Termination of the Interns and removal from the Summer Youth Internship Program.

### PARTICIPANT SUSPENSION / TERMINATION

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The following categories are potential grounds for suspension and/or termination:

- Fraud and/or dishonesty (i.e. falsifying timesheets, taking something from work)
- Under the influence of drugs or alcohol
- Misuse/abuse of property
- Fighting or use of abusive language
- Inappropriate attire – repeated violation of dress code
- Recurring absenteeism or tardiness
- Refusal to participate in training or work activity
- Disruptive behavior and/or attitude
- Theft
- Insubordination
- Sleeping on the job

If the Intern engages in any of the above activities or exhibits the above inappropriate behaviors, the incident will be reported to both the Worksite Supervisor and Worksite Monitor. A decision to suspended or terminated Interns is initiated from the Worksite Supervisor after having discussed the matter with the Intern and Worksite Monitors.



## INCIDENT & ACCIDENT REPORTS

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Incidents and accidents must be reported **immediately** by notify a Worksite Supervisor and Worksite Monitors. A detail synopsis of any injury and the details of how and when the injury occurred must be provided. Please note: If an injury happens that impacts a Interns ability to perform their job duties, they are required to see a doctor and return provide a doctor's note before returning to work. The program provides Worker's Compensation coverage for medical expenses for Interns injured on the job. If time is lost from the job due to injury, supervisors will indicate as such on the timesheet. **A Youth participant is not eligible for any compensation when not at work.**

## HARASSMENT & HOSTILE WORK ENVIRONMENTS

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It is the expectation of the program that all parties conduct themselves in a manner that does not display any form of harassment. Matters of harassment shall be viewed as significant by CareerSource Polk and shall be reviewed with serious consideration.

## FAIR LABOR STANDARDS ACT – CHILD LABOR

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All worksites must abide by the State of Florida and the Federal Fair Labor Standards Act Protecting the Health, Education, and Welfare of Minors in the Workplace. All employers of minors must post in a conspicuous place on the property or place of employment, where it may be easily read, a poster notifying minors of the Child Labor laws. Please refer to the State website <http://www.myfloridalicense.com/dbpr/reg/childlabor/documents/ChildLaborPoster07.18.16.pdf>

The restrictions for workers under age 18 are as follows:

- Age 16 - 17 may perform any job not declared a hazardous job or occupation and are not subject to restrictions on hours.
- Age 18 has no restrictions and can Work in Any Job for Unlimited Hours.

## PARTICIPANT EVALUATION

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During the course of the 10-week program, Worksite Supervisors will evaluate the Interns' job performance and skill level. Worksite Monitors will send a performance evaluation form to Worksite Supervisors to complete evaluations on Interns after the first 30-days of working and within the last 30-days of working. Having two evaluations during the 10-week program allows all parties to see how the Interns have progress and identify areas for improvement. The Worksite Supervisor and SYIP Worksite Monitors will go over the evaluation with the Intern.

## WORKSITE VISITS

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Worksite Monitor will conduct worksite visits throughout the 9-week program. The purpose of these worksite visits will be to see first-hand the type of work the Interns are doing, discuss with the Worksite Supervisors how the Interns' performance is going, and to assist the Interns identify and achieve their goals.

## SAFETY PRACTICES

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Interns have been instructed on the following safety practices:

- Do not operate any equipment which, in your opinion, is not in safe condition, or for which you do not have adequate training. Call Worksite Monitors for instructions. The appropriate numbers will be provided prior to starting the Summer Internship.
- Obey all company rules, governmental regulations, signs, markings and instructions. Be particularly familiar with those that apply directly to you. If you don't know ask.
- Running in the building premises of the client or across parking lots or driveways is not permitted.
- Pick up objects on the floor. Wipe up any spilled liquids from the floor immediately.
- Report any unsafe conditions on your work site to Worksite Monitors immediately. You may report unsafe conditions anonymously if you prefer.
- Whenever you are involved in a workplace accident or observe a workplace accident, even if there appear to be no injuries, the accident must be reported to the Worksite Supervisor and Worksite Monitors immediately.

## COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION

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In consideration of being allowed to participate in the Summer Youth Internship Program on behalf of CareerSource Polk each intern must acknowledge and agree that:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19.
- The intern knowingly and freely assumes all such risks, both known and unknown, while participating.
- The intern agrees to comply with terms and conditions for participation in regards to protection against infectious diseases. And will report any and all unusual or significant hazards to the attention of CareerSource Polk's staff immediately.

## STANDARDS OF PROFESSIONAL CONDUCT

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CareerSource Polk Internship Program 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 Intern 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 Youths' 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 Intern 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 Interns 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 Interns.

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

## PARTICIPANT INCIDENT PROCEDURES

### Emergency Incident Response

In case of an EMERGENCY,

- a. Call 911 and coordinate immediate assistance.
- b. Worksite Supervisor will contact the Worksite Monitor to report incident
- c. Worksite Monitor will notify Management and participant's parent, if under the age of 18 with the details of accident.
- d. Management will call in the Workers Compensation claim in conjunction with the Intern.

### **Non-Emergency Incident**

Contact a Worksite Monitor to determine need for medical services and location of services, if required.

### **Transportation of Injured Youth for Medical Service:**

The Interns' parent or guardian may transport the Interns to a medical service location if immediate care is not required. If the injury requires immediate attention, call 911 for an ambulance to transport the Intern to the nearest hospital.

### **Staff and Management Contact Information to report Injury Incident :**

Location	SYIP Staff	
<b>Management</b>	Eshia Smith 863-508-1100 x3320	Barbara Mincy 863-508-1100 x3327
<b>Serving Davenport / Haines City</b>	Eliseo Elias 863-508-1100 x3402	Brienne Pierre 863-508-1100 x3342
<b>Serving Lakeland</b>	Veria Walker 863-508-1100 x3700	Deanna Remus 863-508-1100 x3702
<b>Serving Winter Haven</b>	Frankie Rollins 863-508-1100 x3361	Brienne Pierre 863-508-1100 x3342

### **Worker's Compensation Coverage (medical coverage only):**

Effective July 1, 2011, participants in a work experience activity sponsored by a regional workforce board shall be deemed an **employee of the state for purposes of worker's compensation coverage**. AmeriSys is the state's workers' compensation provider and should be called at the toll free number of **1-800-455-2079 in case of a work related injury**. The Worksite Supervisor or Management will be asked to provide a four-digit code to identify the program area of the injured employee. **The location code for Interns with a school status of out-of-school is 2306 while those with an school status of in-school is 2305.**

## PARTICIPANT INCIDENT REPORT

Submit Report to  
 Attention: Eshia Smith  
 Email: [eshia.smith@careersourcepolk.com](mailto:eshia.smith@careersourcepolk.com)

<b>PARTICIPANT</b>	<b>Worksite ID#: SYIP PY21-22 – (Name of Worksite):</b>					
	Name (Last, First, Middle)		Date of Birth	SS# (Last 4)	Program Start Date	Program End Date
	Address		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		Occupation Job Title
	Phone		# Dependents			
<b>OCCURRENCE</b>	Time work began _____ am _____ pm		Date of Injury	Time of Injury: _____ am _____ pm		First Date of Disability
	Type of Injury (contusion, fracture, etc.)			Body part affected (included left, right, front or back)		
	How injury occurred? Describe the sequence of events. Include any objects or substances that directly injured the employee, specific activity employee was engaged in when accident or illness occurred. Use reverse, if necessary.					
	Was supervisor notified initially? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date notified:		
	If no, who?					
	Witness (name & phone#)			Supervisor (name & phone)		
	Date prepared:		Preparer's name:		Phone#:	
Date return to internship:		If fatal, date of death:		Were safeguards provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Were safeguards used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MEDICAL</b>	Health Care Provider (name & address)		Hospital (name & address)		Initial treatment: <input type="checkbox"/> No medical treatment <input type="checkbox"/> Minor by employer (First Aid) <input type="checkbox"/> Minor Clinic Hospital Emergency Case: <input type="checkbox"/> Hospitalized > 24 hrs.	
	Work Week: _____ Hours _____ Days					
<b>OTHER</b>	<b>OFFICIAL USE ONLY</b>					
	Worksite Monitor			Date Received:		
	Copy of Report Provided to:			Date Provided:		

## WORKSITE SAEFTY REVIEW

**Work Experience Site** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

<b>Site Activities</b>	<b>Yes</b>	<b>No</b>
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"/>

<b>Safety Review</b>	<b>Yes</b>	<b>No</b>
1. Does the site appear to have safe and sanitary conditions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Child Labor Law posted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the participant be performing activities around any hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the site require the participant to wear safety gear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the site provide the necessary safety gear	<input type="checkbox"/>	<input type="checkbox"/>
6. 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? (Please note that the Child Labor Laws restrict certain aged Youth from operating certain equipment)		
	<b>Yes</b>	<b>No</b>
7. Will the participant be transported to other locations? If yes, what mode of transportation will be used to transport the Youth?	<input type="checkbox"/>	<input type="checkbox"/>
7a. Will Youth be covered by liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		
Name Print		Signature
Date		Title

## GENERAL WORKPLACE PERFORMANCE EVALUATION

PARTICIPANT:			ID:						
Worksite:			Occupation/Job Title:						
			<b>Proficiency Level</b>						
<b>INSTRUCTIONS:</b> Evaluate participant on work the competencies noted below. Comments are requested for all ratings of partial proficiency, marginal proficiency, and no proficiency. Please include what participant needs to do to improve performance.	<b>Unsatisfactory</b>	<b>Marginal Needs Improvement</b>	<b>Satisfactory</b>	<b>Above Satisfactory</b>	<b>Exceptional</b>	Rating period:			
						From		to	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>				
<b>Competency Indicator</b>			<b>Supervisor Rating</b>			<b>Comments</b>			
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			<b>Yes</b>			<b>No</b>			
			<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"/>		
12. Demonstrated a satisfactory and acceptable level of performance overall			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
GENERAL COMMENTS/OBSERVATIONS:									
_____ Signature - Intern			_____ Signature – Worksite Monitor						
_____ Signature – Worksite Supervisor									

## PERFORMANCE NOTIFICATION / TERMINATION

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

Disciplinary action may consist of any one of the following:

1. Verbal warning to Youth participant (meeting with Worksite Supervisor and CSP’s Career Coach).
2. Issue of a Poor Work Performance Notification to the Interns (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 Interns from the Youth Internship Program. Final termination rests with the CSP Youth Program Manager. Neither the Worksite Supervisor nor the CSP Career development Specialist II has the authority to implement final termination unless there is immediate danger of physical harm. The Worksite Supervisor may request a Interns 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 the Worksite Monitor. 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 Worksite Monitor as soon as possible. The Worksite Monitor is responsible to take immediate action to address the situation. If the performance concern cannot be resolved through communication between the Worksite Monitor, Worksite Supervisor and Intern, then Management will be contacted to receive permission for 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 Interns regarding their work performance.
3. Addresses “poor work performance” issues in a pro-active manner.
4. Communicates the expectations and uses a progressive discipline system.
5. Supports Worksite Monitor in having counseling-level involvement during the discipline process.



## POOR WORK PERFORMANCE NOTIFICATION

Youth Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

As an Intern of the Summer Youth Internship 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 LI 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 component of the Youth Internship Program.

\_\_\_\_\_  
Signature - Intern

\_\_\_\_\_  
Signature – Worksite Monitor

\_\_\_\_\_  
Signature – Worksite Supervisor

## EMPLOYMENT TERMINATION NOTIFICATION

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\_\_\_\_\_  
 Interns' Name Date

\_\_\_\_\_  
 Employer Worksite Supervisor's Name

<b>Termination Type:</b>
<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 work experience participation in the Summer Youth Internship 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<br><input type="checkbox"/> Problems with Worksite Supervisor<br><input type="checkbox"/> Not completing work tasks effectively<br><input type="checkbox"/> Poor attendance record | <input type="checkbox"/> Not exhibiting good interpersonal skills<br><input type="checkbox"/> Problems with co-workers<br><input type="checkbox"/> Not being punctual<br><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 the CSP Youth Program Manager, and/or follow the defined CSP's Grievance procedures.

### SIGNATURES

\_\_\_\_\_  
 Interns' Name Worksite Monitor

\_\_\_\_\_  
 Worksite Supervisor Date



## ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK

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\_\_\_\_\_

Date

As a representative of:

\_\_\_\_\_  
(Name of organization)

I acknowledge that I have received a Worksite Supervisor's orientation to the CareerSource Polk Summer Youth Internship Program and I am acquainted with the responsibilities of this program, expectations and responsibilities.

I have received a handbook as a reference tool outlining expectations and responsibilities related to my role as a Worksite Supervisor and understand these responsibilities and commit to meeting said expectations.

\_\_\_\_\_  
Worksite Supervisor - Print Name

Title

Signature

\_\_\_\_\_  
Date