WIOA Work Experience Worksite Orientation

WIOA Worksite Agreement Number: _____

Worksite Information

Worksite: _____
Worksite Address: _____
Telephone Number: _____
Worksite Supervisor: _____
Supervisor Telephone Number: _____
Alternate Supervisor (if applicable): _____
Alternate Supervisor Telephone Number: _____

Acknowledgement of Receipt

This is to certify that I have received, read, and understand the rules, regulations, and instructions contained in the WIOA Worksite Orientation Packet.

I further acknowledge that I have received a copy of the job description(s) and/or WIOA Trainee Work Plan for the participant(s) I will be supervising.

Worksite Supervisor Signature: _____
Date: _____

Alternate Supervisor Signature (if applicable): _____
Date: _____

WIOA Representative Signature: _____
Date: _____

The Oklahoma Employment Security Commission is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.