

**Workforce Investment Board Summer Youth Program
Participant Timesheet
First Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a participant to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN JULY 6.

Name ----- Signature	Last 4 Digits of SSN	6/29	6/30	7/1	7/2	7/3*						TOTAL HOURS

Crew Supervisor Signature/Date

Worksite Provider Signature/Date

*July 3rd is a holiday

**Workforce Investment Board Summer Youth Program
Participant Timesheet
Second Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a participant to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN JULY 20

Name ----- Signature	Last 4 Digits of SSN	7/6	7/7	7/8	7/9	7/10	7/13	7/14	7/15	7/16	7/17	TOTAL HOURS

Crew Supervisor Signature/Date

Worksite Provider Signature/Date

**Workforce Investment Board Summer Youth Program
Participant Timesheet
Third Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a participant to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN AUG. 3

Name -----	Last 4 Digits of SSN	7/20	7/21	7/22	7/23	7/24	7/27	7/28	7/29	7/30	7/31	TOTAL HOURS
Signature -----												

Crew Supervisor Signature/Date

Worksite Provider Signature/Date

**Workforce Investment Board Summer Youth Program
Participant Timesheet
Fourth Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a participant to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN AUG. 10

Name -----	Last 4 Digits of SSN	8/3	8/4	8/5	8/6	8/7						TOTAL HOURS
Signature -----												

Crew Supervisor Signature/Date

Worksite Provider Signature/Date

**Workforce Investment Board Summer Youth Program
Supervisor Timesheet
First Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a supervisor to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN JULY 6.

Name ----- Signature	Last 4 Digits of SSN	6/24	6/25	6/29	6/30	7/1	7/2	7/3*				TOTAL HOURS

WIBMOV Signature/Date

Worksite Provider Signature/Date

*July 3rd is a holiday

**Workforce Investment Board Summer Youth Program
Supervisor Timesheet
Second Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a supervisor to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN JULY 20

Name ----- Signature	Last 4 Digits of SSN	7/6	7/7	7/8	7/9	7/10	7/13	7/14	7/15	7/16	7/17	TOTAL HOURS

WIBMOV Signature/Date

Worksite Provider Signature/Date

**Workforce Investment Board Summer Youth Program
Supervisor Timesheet
Third Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a supervisor to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN AUG. 3

Name ----- Signature	Last 4 Digits of SSN	7/20	7/21	7/22	7/23	7/24	7/27	7/28	7/29	7/30	7/31	TOTAL HOURS

WIBMOV Signature/Date

Worksite Provider Signature/Date

**Workforce Investment Board Summer Youth Program
Supervisor Timesheet
Fourth Pay Period**

Worksite Name

Phone Number

County

NOTE: In order for a supervisor to receive a check, s/he must sign the timesheet verifying the correct number of hours worked in that pay period. Supervisor and Worksite Provider signatures must also be present. This time sheet must be ready for pick-up by WIBMOV NO LATER THAN AUG 10.

Name ----- Signature	Last 4 Digits of SSN	8/3	8/4	8/5	8/6	8/7						TOTAL HOURS

WIBMOV Signature/Date

Worksite Provider Signature/Date

**WORKFORCE INVESTMENT BOARD MID-OHIO VALLEY
PARTICIPANT ACKNOWLEDGEMENT FORM**

WORKSITE PROVIDER _____

SUPERVISOR _____

PARTICIPANT NAME _____

This WIBMOV Summer Youth Program Handbook is for your use. It explains the objectives and the operations of the WIBMOV Summer Youth Program.

To get a better understanding of your role and responsibilities while employed by the program, please read this guide carefully.

I, _____, acknowledge that I have received, understood, and will abide by the policy terms of the following:

- **Participant Handbook**
- **Grievance Procedures**
- **Disciplinary Procedures**
- **Drug Free Policy**
- **Equal Opportunity Policy**
- **Harassment Policy**

Participant Signature

Phone Number

Date

Witness Signature

Date

**THIS FORM ONCE SIGNED BY THE PARTICIPANT IS TO BE KEPT IN THE
PARTICIPANT'S PERSONNEL FILE**

**REGION IV WORKFORCE INVESTMENT BOARD
GRIEVANCE FORM**

Filing Date: _____

Name: _____

SS #: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone Number: _____ () _____

Training Provider/Employer: _____

Instructor/Supervisor: _____

Address: _____

City: _____ State: _____

Zip Code: _____

STEP ONE (1)

Nature of Complaint/Grievance: _____

Remedy Sought: _____

Customer's Signature: _____

Date: _____

Supervisor/Instructor's Response/Decision: _____

Supervisor's Signature: _____

Date: _____

Complainant's Answer to Decision: _____

_____ I am satisfied with Decision

_____ I am not satisfied with Decision and Wish to Proceed to Step Two (2)

(over)

STEP TWO (2)

Decision of Training Provider/Employer: _____

Signature of Training Provider/Employer: _____ Date: _____

Customer's Answer to Step 2 Decision: _____

___ I am satisfied with Decision

___ I am not satisfied with Decision and Request a review, investigation, or hearing, as appropriate.

Customer's Signature: _____ Date: _____

STEP THREE (3)

Forward To: Complaints Officer
 Region IV Workforce Investment Board
 P.O. Box 247
 Parkersburg, WV 26102

TIME FRAME:

- Step 1: * Supervisor responds within three (3) working days of filing.
- * Customer appeals/responds within two (2) working days of response.
- Step 2: * Training Provider/employer responds in writing within five (5) working days of receipt of grievance.
- Step 3: * Customer Forwards grievance within two (2) working days of decision.
- * WIB Staff reviews information and/or schedules hearing within 30 days of original filing date.
- * Written response provided to all parties within 60 days of original filing date.

**WORKFORCE INVESTMENT BOARD MID-OHIO VALLEY
SUMMER YOUTH PROGRAM 2009
PRE/POST WORK READINESS SELF-EVALUATION**

PARTICIPANT NAME	NAME OF WORKSITE
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Answer the questions 1-15 by checking the box that reflects your current skill level.

	I can...	Strongly Disagree	Disagree	Agree	Strongly Agree
1	Fill out a work application				
2	Properly and effectively do a job interview				
3	Follow a schedule and do things on time				
4	Manage my money in an effective way				
5	Listen carefully and attentively				
6	Talk to my boss about the job with ease				
7	Be polite and respectful to others				
8	Encourage others to give 100% effort				
9	Use WorkforceWV to find jobs or other opportunities				
10	Ask questions when I do not understand				
11	Seek jobs effectively through the news and internet				
12	Apply leadership skills when appropriate				
13	Write a proper and effective resume				
14	Purchase things that I need rather than want				
15	Make goals for myself and achieve them				

Please take time to answer the questions thoughtfully; they will be reviewed by your employer.

What do you plan to do with your Summer Youth Program money?

What are your career and/or educational plans?

What are your goals in life and what are you doing to achieve them?

Signature of Participant

Phone Number

Date

**WORKFORCE INVESTMENT BOARD MID-OHIO VALLEY
SUMMER YOUTH PROGRAM 2009
WORK TASK ASSESSMENT FORM**

WORKSITE: _____ SUPERVISOR: _____

WORK TASK: _____ DATE: _____

Fill out this form with your Supervisor and co-workers each time you begin a new work task.

1. List what needs to be done and the “green” aspect: _____

2. List equipment, tools, and materials needed: _____

3. Determine the readiness of the equipment: _____

4. List safety considerations: _____

5. Determine who will be assigned to which duties relative to safety concerns and child labor laws:

6. Determine the overall project costs: _____

7. Evaluate the end-result of the project:

- | | | |
|--|------------------------------|-----------------------------|
| Was the work performed in the estimated time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were there enough people to do the job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were there sufficient tools? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were there sufficient safety devices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were there problems (safety, personnel, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the problems stimulate learning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will this learning help on future jobs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you satisfied with the job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |