



Participant Placement Agreement – Appendix A

BACKGROUND

Wisconsin's Fostering Opioid Recovery through Workforce Development (FORWD) Disaster Recovery National Dislocated Worker Grant (DWG) funds disaster-relief jobs that meet the opioid crisis-related needs in the local workforce area. These are **temporary jobs** that allow eligible individuals (participants) to be placed in approved DRE positions as stated above in the DRE section. These disaster-relief jobs are limited to 12 months or 2,040 hours, whichever is longer.

The participant identified below, will be assigned to a placement site to perform temporary work. The employer of record, listed below, is responsible for paying the participant's wages and, if applicable, fringe benefits; the employer of record is not necessarily the same as the placement site. The participant's compensation will be the same or similar to that paid to others who perform similar work for the same placement site and who have similar training and experience.

PURPOSE OF THE AGREEMENT

The purpose of this agreement is to define terms and conditions related to the participant's disaster-relief employment under the FORWD DWG. If, during the course of the temporary employment, any of the information found in this form changes, a new agreement must be completed and signed by all parties.

PARTICIPANT INFORMATION

Participant's Name	
Participant's Address	
Participant's Email	
Participant's Phone Number	

PARTICIPANT'S EMERGENCY CONTACT

In case of an emergency, the project operator or placement site staff will contact:

Contact Name	
Relationship to Participant	
Contact's Phone Number	
Contact's Address	

EMPLOYER OF RECORD

The employer of record will pay the participant's wages and, if applicable, fringe benefits. If applicable, the employer of record will provide worker's compensation coverage for the participant, or, if not applicable, provide another adequate form of insurance coverage for work-related injuries. The employer of record will also pay unemployment insurance taxes, if applicable. The employer of record will file with the Social Security Administration and furnish to the participant Form W-2, Wage and Tax Statement, showing the wages paid and taxes withheld for the year. For this disaster-relief job, the participant's employer of record is:

Employer of Record Name	Employ Milwaukee Inc.
Name of Contact Person	

Contact's Email	
Contact's Phone Number	

PLACEMENT SITE RESPONSIBILITIES

As part of this agreement, and to be an eligible placement site under the FORWD DWG, the placement site will:

- Assign the participant a supervisor;
- Provide an orientation to the participant and ensure the Placement Site Orientation Checklist is completed;
- Cooperate with the employer of record's timesheet process to ensure accurate tracking of participant's work hours;
- Provide the same working conditions and apply the same policies to the participant as provided and applied to their regular employees and/or volunteers.

PARTICIPANT'S JOB TITLE: _____

JOB TASKS

Describe the **tasks** the participant will be expected to perform. (attach additional pages if needed)

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WAGES, HOURS, AND WORK SCHEDULE

The information contained in this section only applies to work hours covered by the FORWD DWG.

Disaster-relief Job Rate of Pay	\$ _____ per hour
Anticipated Start Date	
Estimated Hours per Week	
Anticipated Number of Weeks	

Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

-OR-

☐ Variable work schedule

BENEFITS

In some cases, the employer of record will provide benefits, such as paid time off, health insurance, etc., to the participant.

Will the participant receive benefits? ☐ Yes ☐ No

If yes, list the benefits in detail here (attach an additional sheet, if necessary):

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PROBLEMS AT THE WORKSITE

The placement site is required to notify the employer of record in writing of any situation that could result in the termination of the participant's job placement.

The participant is encouraged to contact the project operator or service provider with any issues or concerns, including safety concerns or being asked to perform work not covered by this agreement. The project operator or its service provider will work with the participant and placement site to attempt to resolve the issues or concerns.

Name of Project Operator/Service Provider Contact	
Contact's Email	
Contact's Phone Number	

COPIES OF THE PARTICIPANT PLACEMENT AGREEMENT

The project operator must provide a copy of this agreement, including required attachments, to the participant and the placement site, and the project operator must retain a copy in the participant's case file. The placement site must ensure that the participant's placement site supervisor has access to this agreement.

ASSURANCES

FORWD DWG participants are protected from discrimination and guaranteed equal opportunity for programmatic access in accordance with the following:

- Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title I-financially assisted program or activity;
- Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color, and national origin;

- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- The Age Discrimination Act of 1975, as amended, prohibits discrimination on the basis of age; and
- Title IX of the Education Amendments of 1972, as amended, prohibits discrimination on the basis of sex in educational programs.

SIGNATURES

By signing below, I agree to all of the terms, conditions, initialed acknowledgements, and responsibilities listed in this agreement, as they are applicable to me and/or my organization for the purpose of carrying out the FORWD DWG.

Participant

Date

Authorized Representative with Placement Site

Date

Authorized Representative with Project Operator or Service Provider

Date

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Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.