



Subsidized Work Experience Authorization - FORWD DWG

Work Site: _____

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|---|---------------------|
| Participant's Name: _____ ASSET Pin #: _____ | EMI Office Use Only |
| <input type="checkbox"/> 1.) Subsidized Work Experience Authorization – FORWD DWG (08.27.25) (this form) | |
| <input type="checkbox"/> 2.) Form I-9 (Unexpired) | |
| <input type="checkbox"/> 3.) Form W-4 (Current Year) | |
| <input type="checkbox"/> 4.) Form WT-4 (Current Year) | |
| <input type="checkbox"/> 6.) EMI PWE Participant Handbook Receipt – Nov. 2024 (must review handbook with participant) | |
| <input type="checkbox"/> 7.) IEP Printout with required signatures (must show work experience service) | |
| <input type="checkbox"/> 8.) Participant Placement Agreement - Appendix A – 08.27.25 (signed by Participant & Placement Site) | |
| <input type="checkbox"/> 9.) Placement Site Agreement - Appendix B – 08.27.25 (signed by Placement Site) | |
| <input type="checkbox"/> 10.) Employer of Record Agreement - Appendix D (copy of signed form on file) | |
| <input type="checkbox"/> 11.) FORWD Worksite Agreement (signed by Placement Site) | |

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|--|---------------------|
| Database and Other Requirements | EMI Office Use Only |
| <input type="checkbox"/> ASSET <input type="checkbox"/> Services – Disaster Relief Employment <input type="checkbox"/> Customer note for Subsidized Work Experience | |
| <input type="checkbox"/> ETO <input type="checkbox"/> W-4 | |
| Reminders <ul style="list-style-type: none">• Placement Site Orientation Checklist – Appendix C 08.27.25 (will be sent to worksite and a signed copy will be returned to you before the placement starts)• Upload all documents into ASSET• ETO Employment Record (create upon start date)• Work Experience Worksite Progress Report WIOA – 07.21.25 (completed no later than midpoint between start and projected end date) | |

Participation Status: ☐ Approved ☐ Not approved, reason: _____

Authorization Form Submitted by:

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|--|-----------------------------------|---------------|--------------------------|---------------|
| _____ Career Planner Name (please print) | _____ Career Planner Signature | _____ Date | _____ Manager Initial | _____ Date |
|--|-----------------------------------|---------------|--------------------------|---------------|

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