Worksite Assignment – Subsidized Work Experience
Participation Agreement

Participant Information		
PARTICIPANT NAME	ASSET PIN	
Worksite Information		
WORKSITE NAME	WORKSITE ADDRESS	
WORKSITE SUPERVISOR		
ALTERNATE WORKSITE SUPERVISOR	WORKSITE PHONE NUMBER	
Employ Milwaukee Contact Information		
EMI CONTACT NAME	EMI STAFF CONTACT INFORMATION	
Work Experience Details		
WORKSITE POSITION	AGREEMENT START DATE	PROJECTED END DATE
JOB DESCRIPTION/JOB DUTIES		
SKILLS TO BE LEARNED		
SPECIAL TOOLS OR REQUIRED UNIFORMS		
SPECIFIC WORKSITE RULES		
ACADEMIC COMPONENT		
PROJECTED MID EVALUATION DATE		

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WEEKLY WORKSITE SCHEDULE

WAGE: _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	WEEKLY TOTAL HOURS
START								
END								
TOTAL HRS.								

The parties identified in this document agree to this participation agreement with Employ Milwaukee, Inc. All parties have received, reviewed, and agree to abide by the rules listed in the Work Experience Handbook and Worksite Agreement. This agreement can be terminated by the worksite or Employ Milwaukee for any reasons listed in the Work Experience Handbook.

Participant Signature **Date**

Worksite Supervisor Signature **Date**

Career Planner Signature **Date**

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact Carrie Hersh, Equal Opportunity Officer, at 414-270-1726 or Carrie.Hersh@EmployMilwaukee.org. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (414)-270-1726** for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (414)-270-1726** para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib **cov lus tseem ceeb** qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. **Hu rau (414)-270-1726** yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.