



## Request & Approval for Paid Work Experience, Internship, Transitional Job

This form is required prior to beginning a PWE with a business or partner organization. It is the responsibility of the Manager of the Program or Grant that is funding the PWE (PWE Owner) to complete this form and obtain **all** the required signatures.

Employer Name & Address:	
Funding Source:	
Start/End Dates:	
# of hrs./week (maximum 29): # of weeks:	
Wage:	\$
# of Positions:	
Approx. Cost/Per Participant Detail:	Ex.: 29 hrs./week X \$15/hr. = \$435/week. \$435/week X 12 weeks = <b>\$5,220</b>
Add: FICA (7.65%) + Worker's Comp. (5%) = 12.65%	Ex: 5,220 + .1265% = <b>\$660.33</b>
Total Contract (\$):	Ex.: <b>\$5,880.33</b> per participant. 3 participants @ \$5,880.33 = <b>\$17,640.99</b>

**History with the proposed employer or business partner.** Review any previous PWE's, OJT's; have they served as an Earn & Learn worksite, or beneficiary of other grant/contract? Has previous experience been successful, or has there been a high level of incompletes or early terminations; any other patterns to be aware of.

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**Any additional comments:**

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**Has the Trainee received any other funds for training or support services from WIOA or other EMI grant?** ☐ Yes ☐ No

If yes, details: Program/Grant Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Trainee Name(s) ASSET PIN and ETO #:

Verified By: \_\_\_\_\_

**Entered into Business Solutions OJT/IWT/WARN & Hiring Events Spreadsheet:** ☐ Yes, entered on appropriate tab ☐ N/A

Approval Signatures and Dates		
Title	Signature	Date
PWE Owner		
Program or Grant Manager		
Chief Financial Officer (CFO)		
President, Chief Executive Officer		

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