



Subsidized Work Experience Authorization – WIOA Title 1 Youth

Participant Name: _____ ASSET PIN: _____

The form dates listed below were accurate at the time of publication and may change without notice. See [Agency Forms](#) for the current forms.

Employer Name: _____	EMI Office Use Only
<input type="checkbox"/> 1.) WIOA Title 1 Youth – Subsidized Work Experience Authorization 01.01.26	
<input type="checkbox"/> 2.) Worksite Assignment – Subsidized Work Experience Participation Agreement 07.01.22	
<input type="checkbox"/> 3.) Worksite Agreement – current program year (Include Liability Insurance) (Copy provided to EMI with each new position or placement at identified Worksite)	
<input type="checkbox"/> 4.) I-9 (Unexpired)	
<input type="checkbox"/> 5.) W-4 (Current Year)	
<input type="checkbox"/> 6.) WT-4 (Current Year)	
<input type="checkbox"/> 7.) Work Permit (if applicable – only required for youth 14 or 15 years of age)	
<input type="checkbox"/> 8.) Participant Handbook Receipt Form and Statement (must review handbook with participant)	
<input type="checkbox"/> 9.) ISS Printout with required signatures (must show work experience service/employability skills)	

Database and Other Requirements	EMI Office Use Only
<input type="checkbox"/> ASSET <input type="checkbox"/> Services – Work Experience (select appropriate work experience type) <input type="checkbox"/> Employability Skills – Work Readiness <input type="checkbox"/> Customer note for Subsidized Work Experience (including academic and occupational components)	
<input type="checkbox"/> ETO <input type="checkbox"/> W-4	
Reminders <ul style="list-style-type: none">• Upload all documents into ASSET (upload once approved by EMI)• 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)	

Items 1-9 above must be submitted to EMI at least five business days prior to work experience start date.

Authorization Form Submitted by:

_____ Career Planner Signature	_____ Subrecipient	_____ Date	_____ Manager/ QA Initials	_____ Date
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Participation Status: ☐ Approved ☐ Not approved, reason _____

_____ EMI Staff Signature	_____ Date
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