



Worksite Assignment – Subsidized Work Experience
(Original for participant – make copy for Employ Milwaukee file)

Date: _____

Dear: _____

Congratulations and welcome to the Employ Milwaukee Subsidized Paid Work Experience! Over the course of the next several weeks, you will have the opportunity to develop and refine your own individualized career plan, gain meaningful job-related skills, and implement good decision making skills while earning money.

In order to make your work experience a success, there are certain things you need to know. This handbook is designed to give you information that will make your work experience successful. Read it carefully and keep it where you will be able to refer to it when necessary.

Your assigned worksite: _____

Your worksite address: _____

Start date: _____

Job title: _____

Site supervisor: _____

Site supervisor's phone number: _____

Hourly wage: \$ _____

Work schedule: _____

If you have any questions about the information in this handbook, talk with your site supervisor or the Employ Milwaukee Contracted Subrecipient Staff Person. Your Staff Person is:

Name: _____

Phone number: _____

Congratulations again, and welcome to Employ Milwaukee's Paid Work Experience Program.

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.