



WIOA Title 1 Youth – Subsidized Work Experience Authorization Form

Employer's Name: _____

| | |
|--|----------------------------|
| Participant's Name: _____ ASSET Pin #: _____ | EMI Office Use Only |
| <input type="checkbox"/> 1.) WIOA Title 1 Youth – Subsidized Work Experience Authorization Form – September 2022 | |
| <input type="checkbox"/> 2.) Worksite Assignment – Subsidized Work Experience Participation Agreement – July 2022 | |
| <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.) Form I-9 (Unexpired) | |
| <input type="checkbox"/> 5.) Form W-4 (Current Year) | |
| <input type="checkbox"/> 6.) Form 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 of Orientation (must review handbook with participant) | |
| <input type="checkbox"/> 9.) ISS Printout with required signatures (must show work experience service/employability skills) | |

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| Database and Other Requirements | EMI Office Use Only |
| <input type="checkbox"/> ASSET <ul style="list-style-type: none"> <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 | |
| <input type="checkbox"/> ETO <ul style="list-style-type: none"> <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) • Progress Report Template – March 2021 (completed no later than midpoint between start and projected end date) | |

Items 1-9 above must be submitted to EMI at least 3 business days prior to work experience start date.

Authorization Form Submitted by:

| | | | | |
|---------------------------------------|----------|--------|----------------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| (Career Planner Signature) | (Agency) | (Date) | (Manager/QA Initial) | (Date) |
| Employ Milwaukee Office Use Only..... | | | | |

Participation status: Approved Not approved: Reason: _____

| | |
|-----------------------|--------|
| _____ | _____ |
| (EMI Staff Signature) | (Date) |

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