



# WIOA Title 1 Youth – Subsidized Work Experience Authorization Form

Employer's Name: \_\_\_\_\_

Participant's Name: _____ ASSET Pin #: _____	<b>EMI Office Use Only</b>
<input type="checkbox"/> 1.) WIOA Title 1 Youth – Subsidized Work Experience Authorization Form	
<input type="checkbox"/> 2.) Worksite Agreement – March 2021 a. Create with Each New Worksite (Include Liability Insurance) (Copy provided to EMI with each new position or placement at identified Worksite)	
<input type="checkbox"/> 3.) Job Description (From Employer)	
<input type="checkbox"/> 4.) Work Assignment - Subsidized Work Experience (Hire Letter - Participant Handbook)	
<input type="checkbox"/> 5.) Academic & Occupational Skills Form – March 2021	
<input type="checkbox"/> 6.) Form I-9 (Unexpired)	
<input type="checkbox"/> 7.) Form W-4 (Current Year)	
<input type="checkbox"/> 8.) Form WT-4 (Exempt Withholding if Applicable)	
<input type="checkbox"/> 9.) Work Permit (if applicable – only required for youth 14 or 15 years of age)	
<input type="checkbox"/> 10.) Participant Handbook Receipt of Orientation (must review handbook with participant)	
<input type="checkbox"/> 11.) Progress Report Template – March 2021 (submit within 60 days of start date)	

<b>Database Requirements</b>	<b>EMI Office Use Only</b>
<input type="checkbox"/> <b>ASSET</b> <input type="checkbox"/> Services – Work Experience (select appropriate work experience type) <input type="checkbox"/> Employability Skills – Work Readiness- ISS signed by participant <input type="checkbox"/> Customer note for Subsidized Work Experience <input type="checkbox"/> Upload all documents into ASSET	
<input type="checkbox"/> <b>ETO</b> <input type="checkbox"/> Employment Record (enter upon start date) <input type="checkbox"/> W-4	

**Items 1-10 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)

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Participation status:  Approved                       Not approved: Reason: \_\_\_\_\_

\_\_\_\_\_

(EMI Staff Signature)    (Date)

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