

WEST PIEDMONT REGION

Work Based Learning Statement of Entitlement

A. This statement describes the terms and conditions agreed to by the participant and the contractor (training agency). The contractor will fully explain the following information and will not sign this statement until the information in Part B is completed by the contractor.

This statement is not a guarantee that the participant will work or train for the maximum allowable number of hours.

If the training agency's contract with the WIOA Program Operator ends before the participant has completed the maximum allowable hours, the participant may be terminated unless the contract is continued. If the contract is continued and the participant's enrollment is also continued, this statement can be changed in ink and changes initialed by the participant and the contractor.

B. The participant has been accepted into the contractor's Work Based Learning Program and is entitled to the following, as applicable:

HOURLY ALLOWANCE		
Hourly Allowance		
Maximum Work Hours/Weeks		
Not to exceed total hours of		
Training Site Start Date		
Projected Ending Date		

Name (Training Site):				
Address (Job Site):				
Job Title:				
I certify that Parts A and B ab	oove have been ful	lly explained to	o the participant	
Signature of the Career S	Date		-	
I certify that I fully understan	d Parts A and B a	s explained by	the contractor.	
Signature of the Parti	icipant	·	Date	_,
WORKSITE AGREE				
			Phone:	
Worksite:			Phone:il:	
Worksite: Address: Work Schedule: From: Participant Name				
Worksite: Address: Work Schedule: From:	O AM O	PM Unti	il:	O AM O PM Emergency Contact /

	Name	Title	Signature	Date
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Statement of Work / Specific Skill Rating Sheet

Participant Name:	Work Experience Title:				
Job	Job Description				
Provide an outline of this occupation as per Provide an outline of training, skills to be learn area.	erformed in your company: ned and hours of training required to master each skill				
Skills to be Learned	Training Hours Assigned				
Total Hours Assigned:					
Total Hours Hssighter.					
Comments: Participant proficiency levels will be A) Observation of employer B) Completion of hands-on experience of task					
Training Representative Signature	WIOA Representative Signature				
Date	Date				