



Workforce Innovation and Opportunity Act

First Tennessee Development District

Worksite Agreement

First Tennessee Development District (FTDD) is an Administrative and Fiscal Agent for the Tennessee Department of Labor and Workforce Development (TDLWD). FTDD contracts employers to provide employment, education and training services to Youth, Adults and Dislocated Workers, some of whom have significant barriers to employment namely, disabled, low income, veterans, justice-involved, receipt of government support, including SNAP or TANF.

This program aims to develop future generations of the workforce in Northeast Tennessee, by reimbursing employers for wages paid to youth who may lack professional work experience. The purpose of this worksite agreement is to provide the employer with a method of reimbursement for their participation in the training program, by the State of Tennessee through the local workforce development board.

The employer agrees to abide by all department of labor guidelines and provide Workers Compensation Insurance for all program participants. FTDD will reimburse the employer for the agreed upon wages paid to participants at a rate of not less than \$10 per hour. Reimbursement requests will be submitted bi-weekly or monthly, as agreed upon by the employer and the Youth Coordinator. The training period will be outlined in the Statement of Work or job description.

Both parties agree to abide by the following conditions:

1. No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination or denied employment, in connection with any such program because of race, color, religion, sex, national origins age, disabilities, political affiliation or belief.
2. Participants shall not be employed in the construction, operation, or maintenance of any facility that is used for sectarian instruction or as a place for religious worship.
3. With respect to terms and conditions affecting, or rights provided to, individuals who are participants in activities supported by funds approved under such individuals shall not be discriminated against solely because of their status as participants.
4. Authorized representatives of FTDD, TDOL, OIG, and USDOL must be allowed on the premises at all reasonable hours for monitoring of the worksites, including for counseling participants, inspecting safety procedures, and other working conditions.
5. The Secretary of Labor, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to books, documents, papers, and records of the State and Local Government, their sub-grantees and Contractors which are pertinent to the specific grant program under and for the purpose of making surveys, audits, examinations, excerpts, and transcripts.
6. The employer agrees to provide working conditions that will meet health and safety



regulations and abide by Child Labor Laws.

7. No currently employed worker should be displaced by a work experience participant, including partial displacement such as reduction in the hours of non-overtime work, wages or employment benefits.
8. The Employer agrees to furnish meaningful work and training for the participant within the purpose and scope of the program. Participants must be continuously occupied with productive work.
9. The Employer agrees to the following conditions:
 - To adhere to WIOA Rules and Regulations including the verification of time and attendance records.
 - To comply with Drug-Free Workplace laws.
 - To provide participants with an orientation regarding breaks,
 - To comply with all requirements as set forth in the Supervisor's Manual and complete all required forms.
 - To ensure that no participant will be involved in religious or political activities during working hours.
 - To always provide supervision to program participants.
 - That all supervisors and alternate supervisors will be familiarized and oriented with 'work experience' information.
 - The participants will perform the work activities described in the attached Statement of Work or job description. If the activities at the worksite change, the Employer agrees to notify FTDD immediately so the Statement of Work or job description may be modified.

10. FTDD may unilaterally modify this agreement by memorandum. This agreement shall be effective from the date of execution until termination of the project by either party with one day's advance notice or sooner if warranted.

In witness whereof, the parties hereto have executed this agreement as of the latest date appearing below, and in signing and thereby validating this worksite agreement, the parties also certify that each possesses legal authority to contractually bind their respective organizations in their capacity as its signatory official,

Entered this _____ day of _____ 20 _____



First Tennessee Development District
3211 North Roan Street
Johnson City, TN 37601
Telephone: (423) 754-2957

Jenny Phillips/Sangela Blue

Name

Youth Career Specialist

Title

Date

Employer Business Name

Street Address

City, State, ZIP

Supervisor/Owner Name

Title

Date

The hours of operation for your organization are (days/hours):

Days: _____ Hours: _____

The following Holidays are observed by the sponsoring agency:

New Year's Day Good Friday Labor Day Martin Luther King Day

Memorial Day Veterans Day Columbus Day Thanksgiving Day Christmas

Day Presidents Day Juneteenth July 4th

Acquired Skills

A. Each work experience site will provide clients with opportunities to gain general skills, knowledge, and work habits that will lead to full-time employment. These skills may include customer service, business, technical, retail, administrative office skills, office etiquette, basic bookkeeping, patient care, etc.

B. Specific jobs that may be acquired from this site include the following job titles.



# Positions Available	Job Titles	Skills Learned



Worksite (Employer) Name: _____

If funds anticipated to be received by FTDD are suspended or terminated in whole or in part, funding for this agreement may cease at the option of FTDD. Acceptance of this agreement is based solely upon the allocation of anticipated revenues, and the funding of the agreement is limited by the actual availability of FTDD funding.

WORK SITE:

Signature of Authorized Representative

Printed Name

Title

Date

Direct Training Supervisor

Phone Number

Alternate Supervisor

Phone Number

FTDD:

Approval by FTDD

Printed Name

Title

Date



Worksite (Employer) Name: _____

Attachment A