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Employment Program

Supervisor Handbook

**Program Delivered by the Career Institute**

# Program Supervised by San Bernardino County

# Workforce Development Department

Funded from Workforce Innovation and Opportunity Act (WIOA).

For ready reference in case of emergency, please fill in the blank spaces below:

**Career Mentor**:

 Name Telephone

**Youth Program Supervisor**: **Teresa Taylor (909) 481-0270** Name Telephone Number

It is suggested that you list the names and cell phone numbers of the participants assigned to your supervision in case you need to contact them.

**Participant’s Name Phone Number**

A copy of the Worksite Agreement and Medical Release form will be provided.



# Supervisor Handbook

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**Youth Employment Program**

I General Information

The San Bernardino County Youth Employment Program, a division of the San Bernardino County Department of Workforce Development (WDD), operates an employment and training program for participants between the ages of 18 and 24.

The Program is responsible for the design and implementation of work experience activities. In doing so, we are required to comply with the rules and regulations of the Workforce Innovation and Opportunity Act (WIOA) as well as the policies and procedures that are established by the U.S. Department of Labor and the State of California. One of the main purposes of this handbook is to explain the rules and regulations thereby, providing an understanding of the terms and conditions under which this program is required to operate.

All work experience positions are entry-level (we have over 50 job classifications). The participant(s) we refer usually have less than one year of work experience. Therefore, although they are eager, motivated, and enthusiastic about learning new skills, it is up to you as their Supervisor to assist in providing structured job-training for the position they will fill.

**II Program Objectives**

The objectives of the Youth Employment Program are:

* To provide the participants of San Bernardino County with the opportunity to learn meaningful citizenship and community involvement.
* To provide a work experience for participants to learn work maturity and work readiness skills.
* To provide academic training and support, which we believe will assist each participant in understanding the correlation between knowledge, education and employment. This is accomplished by encouraging each participant to combine their work experience at your agency with occupational skill training.
* To assist participants in work by providing transportation assistance, tools, equipment, or clothing on an as needed basis. These supportive services are based upon the individual needs of each participant, their job duties and available funding.
* To develop linkages with public sector and non-profit agencies to assist in the delivery of effective and meaningful community services.
* To connect participants with permanent, unsubsidized employment opportunities.

**III Work Rules and Regulations**

The following is a brief list of special limitations related to work experience:

**Nepotism:**

Participants may not be assigned to supervisors to whom they are related.

**Political Activity:**

Participants may not, during working hours, take part in any partisan political activity. Participants may not normally be placed for employment in the office of an elected government official. However, if the position were in a non-political area such as filing, typing, bookkeeping, or record keeping, employment would be permitted.

**Sectarian Activities:**

Participants may not be involved in any activity that could be interpreted as related to a religious institution.

**Maintenance of Effort (MOE):**

Participants cannot work for a worksite that has a current employment vacancy for a regular job with the same description.

**IV Worksite Supervisor Roles and Responsibilities**

Prior to placement, our staff will conduct orientation. The topics include interviewing, grooming and payroll requirements. All participants considered for work experience attend and receive an explanation of program rules, regulations, goals and objectives. Ideally, a participant will be matched to your job specifications and referred to you in a timely manner.

**Since there are generally far more positions than participants, not every job you request may be filled.**

**Interviewing**

The participant who is given a referral to your job will be asked to contact you by telephone to schedule a job interview.

If the participant successfully completes the interview, please accept the participant if they meet the minimum requirement for the job. Please reject the participant if they are dressed inappropriately for the interview, are disrespectful, show a lack of interest for the position, come to the interview with any friends, or are excessively late for the interview without providing a reasonable explanation.

**Orientation**

On the first day of work, please provide an orientation for the participant. This should include a tour of the facility, introductions to co-workers, a summary of job duties and the identification of a workspace. We ask that you review the rules and regulations of your work environment, time and attendance procedures, sign-in and out procedures, identify and introduce an Alternate Supervisor and identify any areas of your work location that are “off limits” to the participant or may create hazardous or unsafe environment for a participant to be near. *The extra time you spend with your participant(s) at the beginning of their employment will assist in facilitating the positive development of skills and will also help to minimize or prevent future misunderstandings.*

**Training and Monitoring**

At routine intervals you will be asked to provide positive feedback to your participant. You will be asked to sign time sheets on a bi-weekly basis. Do not denote the lunch hour as time worked. One 10-minute break in the morning and another in the afternoon is the policy for all participants in the program. They cannot skip their breaks or lunch hour to leave early. We ask that you complete one evaluation per two weeks’ pay period that identifies the performance levels and attitudes of your trainee.

If you are going to rate a participant poorly, we recommend that you discuss this performance issue at least once with the participant and our staff prior to the evaluation. This method allows for no surprises. It will instead allow the participant an opportunity to correct any deficiency or prepare themselves for a poor evaluation.

**V Role of the Career Mentor**

An assigned Career Mentor is responsible for ensuring that the participant is provided a meaningful, safe work experience, while assisting Worksite Supervisors with any questions or problems they may have. Some of the responsibilities are outlined as follows:

* Meet with or phone the Worksite Supervisor bi-weekly to discuss the progress of the participant. This allows for the identification of problems and/or safety issues and an opportunity to make recommendations for corrective action.
* Meet or phone with each participant at least once a week to assess their progress, provide support or counseling, and if necessary, resolve any issues before they become serious problems.
* The Career Mentor will review the timesheet for accuracy and may also spot-check the timesheets during the work week to ensure that the documents are being completed daily. WIOA regulations require the Worksite Supervisor to establish a procedure tracking each participant’s daily attendance. It is necessary to record on a timesheet every day; however, source documentation must be maintained daily and transferred to the time sheet prior to its submission to our fiscal department.
* Ensure that Worksite Supervisors are notified when participants require release time to attend structured activities required by our program. These activities may include attendance at classroom training and work readiness programs, counseling sessions, referrals to other agencies or disciplinary meetings.
* Monitor worksites to ensure that appropriate work experience activities are being conducted in a safe manner and that fraud or abuse is not present at the worksites.
* Provide Worksite Supervisor Orientations.
* Investigate complaints of a Worksite Supervisor or a participant and provide appropriate feedback as deemed applicable by the Supervisor.
* Complete all required paperwork including, eligibility requirements associated with the employment of each participant, retaining documentation, documenting participant problems.
* Ensuring participants receive needed supportive services, including, but not limited to:

 transportation support, safety equipment and work clothes.

* Respond to injury or work site incidents and follow proper procedure for resolution.

**VI Time and Attendance Procedures**

1. **Hours Worked**:

The participant can work the number of hours on the Worksite Agreement, which you signed and should detail the schedule and total hours worked. However, to avoid a misunderstanding, you may want to discuss work hours during your orientation with the participant.

Participants are only paid for the hours they actually work. Worksite Supervisors are only responsible for tracking the hours that a participant is employed under their supervision at their work location. Participants are not paid for sick leave, holidays or the required lunch period.

The County does not pay overtime, authorize comp-time or pay differentials for holiday or weekend work. Applicants may work on weekends or national holidays provided the 8/40 daily/weekly limit is not exceeded for work activities.

1. **Supervision** – As a Worksite Supervisor, it is required that you or your Alternate Supervisor be present at the worksite when a participant is working. Do not leave a participant unsupervised for an extensive period. Do not place a participant in a position of making decisions that may affect the operation and performance of your agency without giving clear guidance and direction. Despite how qualified and motivated a participant may be, it is important to remember that these participants have limited work experience and training. Many of our participants are motivated and eager to please both you and your agency. That does not mean that they can run your business or performing complicated physical work assignments in an unsupervised fashion. This is not to imply that you must monitor and oversee each participant constantly during his or her work shift at your agency. It does mean that you or an Alternate Supervisor must be available to assist your participants(s) in their work when problems arise, or questions need to be answered.

An Alternate Supervisor must perform the same supervisory responsibilities during your absence.

1. **Time Sheets** –The participant is responsible for their timesheet. Your signature authorizes our agency to expend federal employment funds for the wages of your participant. Federal regulations are very strict in this area. They mandate that you report a participant’s time accurately. Participants are to be docked in increments of 15 minutes should they be late or tardy from breaks or lunch periods or leave early from work. You cannot reward your participant for a job well done by giving them time off and including absenteeism as time worked. This is considered by the federal government to be fraud and abuse. We ask that you be very strict in the application of this rule. We have advised our participants of this regulation and its strict enforcement. Intentional falsification of time records may result in the termination of the participants from our program. **Time sheet can be found and printed from www.cinow.org/payroll/timesheets.**

**Time sheets should be emailed to payroll.cinow@gmail.com every other week by the participant on the due date.** Payroll schedule - [**www.cinow.org/payroll**](http://www.cinow.org/payroll) **schedule.** Their earned pay will be uploaded to their cash care. For participants to receive their pay, time sheets must be co-signed by both the participant and the Worksite Supervisor and must be completed in all areas. Remember as stated earlier, unless specifically advised by the Career Mentor, you are responsible only for the hours a participant is employed at your worksite.

##### Absences/Tardiness – Participants have been provided a handbook explaining that they should contact you directly whenever they will be absent or tardy. If a participant does not contact you within a reasonable amount of time, you may wish to call them. If, however, more than a day passes and the participant has not called, please contact their Career Mentor. In many cases, a participant’s failure to notify their worksite of an absence is an indication that a serious problem in their lives may exist. We will investigate these issues thoroughly and report back to you if the issue is a serious personal problem or simply a failure to be a responsible employee. Since problems that participants experience are confidential personal issues, please do not ask us to disclose information that is not within our legal jurisdiction. We will, however, keep the best interests of the worksite and the participant as our top priority. Unexcused absences and/or excessive tardiness may be the basis for dismissal from a worksite and will be discussed by all parties before final action is taken.

##### Terminations/Transfers – If it should become apparent that it is no longer beneficial for a participant to remain at your worksite for any justifiable reason, it is important that you first call the Career Mentor to discuss the matter before taking any direct action. The Career Mentor will meet or phone both you and the participant on weekly basis to help resolve any problems and avoid any crisis. Historically, we have found that most participant issues can be resolved through counseling and early intervention.

#### VII GRIEVANCES

The San Bernardino County Summer Youth Employment Program has established grievance procedures. Worksite Supervisors should contact the participant’s Career Mentor to voice any concerns or questions they might have If the concern persists, please contact the Youth Program Supervisor, Teresa Taylor, at (909) 481-0270. If your concern cannot be resolved at this level, you may discuss your issues with the San Bernardino County Workforce Development Department at the email listed on the cover page of this handbook.

**(See Attachment “B” Complaint & Grievances and Attachment “C” Equal Opportunity.)**

**VIII ACCIDENT REPORTS**

Upon the occurrence of an individual injury or illness, the Worksite Supervisor is responsible for immediately taking the participant to a designated physician or emergency room. The supervisor must also contact the respective Career Mentor or Program Supervisor as soon as possible to report the incident.

Following any injury, our staff is required to submit a written report with all associated forms to ensure that the injured participant may be eligible for Worker’s Compensation benefits. Injured participants must receive a physician’s release before they can return to work. It is our responsibility to retain this release and notify you regarding any physical limitation the employee may have. Your cooperation in completing these tasks is greatly appreciated**.**

Participants will **not** be paid for days off due to illness or injury as participants are only paid for hours worked.

**(See Attachment “D” Supervisor’s Report of Accident for details.)**

**IX Safety**

When assigning physical labor as a job duty, describe and demonstrate the requirements of the activity. Specifically, if participants are required to use tools, a short demonstration may be required. It is very dangerous to assume that participants understand the correct usage of hammers, nails, paintbrushes, “weed eaters”, mowing equipment, or other tools. Participants may be embarrassed to ask you for instructions. Therefore, please take the lead in demonstrating even the simplest tasks at least once. You must let the Career Mentor know.

Many participants injure themselves at custodial worksites. Sometimes they mix cleaners incorrectly or move furniture and injure their lower back. If you are the Supervisor of a work crew or custodian, please provide basic training in the proper usage of the tools and materials necessary to perform any job tasks as well as instruction on how to avoid injuries.

**(See Attachment “E” concerning CAL/OSHA.)**

#### X SUPERVISING YOUTH

What the work experience participants receive may be their first chance to test their ability and discover something about their vocational preferences. It is not uncommon for participants to have unrealistic ideas about work. If these views prevail, please help us to prevent the development and reinforcement of poor work attitudes and behavior. You, as the Supervisor, have a major responsibility in helping participants develop positive work attitudes.

It is important that no useful work be undervalued. You must be able to describe each job and explain its importance. Every job can be used to help the participant gain an understanding of the nature of an employer’s expectations and to acquire direct experience leading to greater work skills, competence, and ambitions. Although if job dissatisfaction occurs and continues unabated, it is in the best interest of all parties to reassign the participant to another work location.

#### XI PROGRAM MONITORING

County Program Monitoring may occur at least one time to ensure that work experience activities are being carried out in accordance with the Worksite Agreement. This monitoring activity is required by the Department of Labor to assure that federal funds are being spent in accordance with federal, state, and local laws.

Representatives from the Department of Labor and/or the local Workforce Investment Board may visit your worksite during the program. These Monitors review fiscal records, payroll and agreements entered during the term of the program. In most instances, these representatives will give ample notice to our agency so that we can attempt to schedule them into our routine worksite visits. During these visits, you may be asked to answer a structured questionnaire that is intended to examine how effectively our program is operating. Participants will also be interviewed. We ask that you answer all questions in an honest and thoughtful manner so that these representatives can effectively assess the merits or our program and offer constructive criticism for improvement. In recent years, we have had several monitoring visits by federal, state and local agencies with jurisdiction over these projects. In all instances, our program has been identified as exemplary in conforming to all the basic rules and regulations of the governing legislation. It is our hope that you, as a Worksite Supervisor, will continue to make yourself available when these monitors come to call.

**(See Attachment “F” Worksite Monitoring).**

**XII CONCLUSION**

The San Bernardino County Youth Employment Program is designed to benefit both employers and participants within San Bernardino County. All our participants demonstrate a willingness to learn and gain experience that will help them enter the job market. Thank you for helping prepare young adults to take their place in the work force.

**With your help and mentorship, we can make a difference!**

**ATTACHMENT A – PARTICIPANT TIMESHEET**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **San Bernardino County**  |  |  |  |
|  |  | **Career Institute Participant Time Sheet** |  |  |  |
|  |   |   |  |   |   |   |  |   |   |   |  |  |
|  | Career Mentor |  | Participant Name |  |  | Participant Phone Number |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  |  |  | **Total hours for 1st week** |
|  | SAT | SUN | MON | TUES | WED | THURS | FRI |  |
| **TOTAL #OF HOURS WORKED** |   |   |   |   |   |   |   |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DATE** |  |  |  |  |  |  |  |  | **Total hoursfor 2nd week** |
|  | SAT | SUN | MON | TUES | WED | THURS | FRI |  |
| **TOTAL #OF HOURS WORKED** |   |   |   |   |   |   |   |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **Total hours for both weeks** |
|   |   |   |   |  |   |   |   |   |  |  |
| Participant Signature Date |  | Supervisor Signature Date |  |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **Supervisor Evaluation** |  |  |  |  |  |  |  |  |  |  |
|  |  | Excellent | Acceptable | Needs Improvement | Unacceptable | Comments |
| **Attendance** |   |   |   |   |   |
| **Attitude** |   |   |   |   |   |
| **Appearance** |   |   |   |   |   |
| **Job Skills** |   |   |   |   |   |
| **Motivation** |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |  |  |
| **Payments will be made by quarter hour only** |
| ¼ or .25 – for 15 minutes ½ or .50 – for 30 minutes ¾ or .75 – for 45 minutes |
| **Your check will be mailed to the address on your W-4** |
| **Do not exceed 8 hours per day, 40 hours per week**. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Timesheets must be signed by participant and supervisor for processing. |
| **Time sheets should be emailed to payroll.cinow@gmail.com** |
| **on the last day of the pay period.**  |
| If it is received later than this time it will be paid in the next payroll period.  |
|  |

# ATTACHMENT B – COMPLAINT AND GRIEVANCE

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|  |
| If you believe you have been adversely affected by a decision or action of the local workforce system that is in violation of the Workforce Investment Act, you may file a grievance or complaint using the process described below.If your complaint involves discrimination, please use the *Discrimination Complaint Procedures* form. |
|  |  |
| 1. | Ask to speak with a Program Supervisor within 90 days of the day the action or decision occurred.  |
|  | * A supervisor will contact you within 3 business days to discuss your complaint or grievance.
* If you are not satisfied with the decision, go to Step 2.
 |
|  |  |
| 2. | Ask to speak with the Program Director about your complaint or grievance. |
|  | * The Director will contact you within 7 business days of the day you spoke with the Program Supervisor about your grievance or complaint.
* If you are not satisfied with the decision, go to Step 3.
 |
|  |  |
| 3. | The Program Director will arrange a meeting for you to discuss your complaint or grievance with staff,  |
|  | witnesses, and the Department of Workforce Development Analyst assigned to your Youth Program Provider.  |
|  | * The meeting will take place within 25 business days of the day you spoke with the Youth Program Supervisor about your grievance or complaint.
* If you are not satisfied with the decision, go to Step 4.
 |
|  |  |
| 4. | Obtain a D*WD 181C Program Complaint and Grievance Request for Hearing* form from your Program Provider or by contacting the Department of Workforce Development Analyst at (909) 387-9877 or 909) 387-9878. Complete the form and send to:Equal Opportunity OfficerCounty of San Bernardino Department of Workforce Development 215 North D Street - Suite 301San Bernardino, CA 92415-0046**The Equal Opportunity Officer must receive your written grievance or complaint within one year of the alleged WIOA violation. For technical assistance with filing your complaint, contact the Equal Opportunity Officer at 909-387-9845. [TTY users can contact the Equal Opportunity Officer through the California Relay Service (711)].** |
| **I have read and understand the Department of Workforce Development's Youth Program complaint and grievance procedure.** |
| *Customer’s Printed Name*: |  |
| *Customer’s Signature*: |  | *Date*: |  |
|  |

# ATTACHMENT C – EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

* Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
* Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I- financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

* Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity;
* Providing opportunities in, or treating any person with regard to, such a program or activity; or
* Making employment decisions in the administration of, or in connection with, such a program or activity.

### What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

* The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or
* The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**FOR INFORMATION OR TO FILE A COMPLAINT WITH THE RECIPIENT, CONTACT:**

Fred Burks, Equal Opportunity Officer

County of San Bernardino Department of Workforce Development

215 North D Street, Suite 301, San Bernardino CA 92415-0046

Phone: (909) 387-9845

California Relay Service: 711

FAX: (909) 387-9880

fburks@wdd.sbcounty.gov

***This WIOA Title-I financially assisted program or activity is an equal opportunity employer/ program. Auxiliary aids and services are available upon request to individuals with disabilities.***

**ATTACHMENT D – SUPERVISOR’S REPORT OF ACCIDENT**

**Workers Compensation policy number is 1409432-08**

1. If an individual is injured on the job and it is an emergency call 911 and have then taken to the hospital.

**If it is a non-emergency take them to:**

**Arrowhead -** Mountain Community Hospital 29101 Hospital RD Lake Arrow Head 92352 909-336-3651

**Barstow –** BCH Hospital 820 E Mountain View St Barstow, CA 92311 Dr Mikes Clinic 716 E Main St Barstow

760 256-6426

### Ontario – Kindred Hospital 550 N Monterey Ave Ontario 909 391-0333

**Rancho Cucamonga –** Inland Empire Extra CA 10841 White Oak Ave Ste 107 RC 91730 909 483-8361

**San Bernardino –** Us Healthworks 599 Inland Center Drive Suite 108 San Bernardino, CA 92408

 **Victorville –** Desert Valley Hospital 16850 Bear Valley Rd Victorville, CA 92395 760 241-8000

1. Contact **Teresa Taylor**, Career Institute CEO, at **909-481-0270** or **909-731-8238** to update her on the situation.

Employer Division

Name of Injured

Social Security Number Occupation

Date of Accident Hour (AM/PM)

Name and Address of Physician

Nature of Injury Did Injured leave work? Date hour (AM/PM)

Was Injured acting in regular line of duty?

Where did accident occur at your worksite?

How did accident occur?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Supervisor’s Signature** Date

# ATTACHMENT E – CAL/OSHA

Attachment A

29

The California Occupational Safety and Health Act was enacted in 1973 for the purpose of ensuring safety and healthful working conditions for California employees. Its primary intent is to protect the right of employees to safe and healthful working conditions and the law provides a variety of mechanisms to ensure that this is preserved. An employee has the right to:

* Request an inspection by making a complaint to DOSH (Department of Safety and Health) about unsafe or unhealthful working conditions, and to have his/her identity kept confidential.
* Be informed by the employer of exposure to toxic or harmful substances, and to observe and have access to records of, monitoring and measuring conducted pursuant to standards.
* Have an employee representative accompany the employers (or employer representative) and the DOSH representative on an inspection.
* Receive notice of any variance application and become a party in hearing proceedings.
* Contest abatement requirements.
* Participate as a party in appeal hearings.
* Have access to records of medical surveillance, if required.
* Petition for changes in standards, and participate in development, amendment, or revocation of standards.
* Access to his/her employer’s log of occupational injuries and illnesses; this right also given to employee representatives, and former employees and their representatives.

Employees have protection from discharge or discrimination for exercising these rights under the law.

### ATTACHMENT F – CAL/OSHA



Worksite Monitoring

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Superior - 5 Very Good - 4 Satisfactory - 3 Needs Improvement - 2 Unsatisfactory - 1 | Date | Date | Date | Comments |
| Attendance – Reports to work on time |  |  |  |  |
| Attendance - Returns from breaks on time |  |  |  |  |
| Works well with other |  |  |  |  |
| Respects the rights of others |  |  |  |  |
| Demonstrates good grooming and hygiene Habits |  |  |  |  |
| Dresses appropriately  |  |  |  |  |
| Maintains a positive Attitude |  |  |  |  |
| Shows initiative |  |  |  |  |
| Follows Direction |  |  |  |  |
| Works Independently |  |  |  |  |
| Quality of work |  |  |  |  |
| Accepts guidance or correction |  |  |  |  |
| Completes tasks in a timely manner |  |  |  |  |
| Follows the rules and regulations |  |  |  |  |
| Work Permit - if under 1 |  |  |  |  |
|  Worksite Agreement |  |  |  |   |