



**Workforce Solutions Lower Rio Grande Valley**

**Work Experience Program**

**SUPERVISOR**

**Handbook**

# Table of Contents

1. Purpose of the Work Experience Program	Page 2
2. Career Center Locations	Page 3
3. Supervisor Responsibilities	Page 4 – 5
4. Pre and Post Evaluation for Youth Work Experience	Page 6
a. Pre-Evaluation for Youth Work Experience	Page 7
b. Post-Evaluation for Youth Work Experience	Page 8
4. Payroll Procedures	Page 9
a. HSWY Payroll Timesheet	Page 10
5. Program Quality Assurance Review	Page 11
6. Participant Termination Procedures	Page 12
7. Alcohol and Drug-Free Workplace Policy	Page 13
5. Harassment Policy	Page 14
6. Other Services	Page 15

# Purpose of the Work Experience Program

Workforce Solutions/Lower Rio is a not-for-profit corporation dedicated to delivering publicly-funded training and employment services leading to the economic prosperity of our communities of Hidalgo, Starr, and Willacy counties,

The primary goal of Workforce Solutions / Lower Rio is to respond to the needs of employers and job seekers by providing the resources needed to succeed in an ever-changing world. All employers are encouraged to take advantage of a multitude of services at no cost to them.

Workforce Solutions/Lower Rio offers Work Experience Training opportunities to many individuals at different stages in their connection to the workforce. Some individuals are being exposed to the workplace for the first time; some are pursuing a new career path, while others may need to overcome obstacles that are hindering their employment success.

Work Experience Training is provided to eligible participants for the purpose of obtaining employment basic skills training specific to the following learning opportunities:

- Attendance and Punctuality
- Quality of Work
- Learning to Follow Instructions
- Learning How to Participate and Contribute to Working Relationships
- Dependability
- Personal Behavior
- Personal Appearance

Please become familiar with the Program's Web Site [www.workunique.com](http://www.workunique.com)

# Career Center Locations

**Workforce Solutions has six Career Centers located throughout the tri-county region.**



**1. North Hidalgo County**

2719 W. University Dr.  
Edinburg, TX 78539  
Tel: (956) 380-0008  
Fax: (956) 316-2626

**2. West Hidalgo County**

901 Travis St. Ste. 7  
Mission, TX 78572  
Tel: (956) 519-4300  
Fax: (956) 519-4388

**3. South Hidalgo County**

1100 E. Business 83  
Pharr, TX 78577  
Tel: (956) 702-0977  
Fax: (956) 782-2909

**4. Willacy County**

700 FM 3168 Ste.3  
Raymondville, TX 78580  
Tel: (956) 689-3412  
Fax: (956) 690-0285

**5. Starr County**

5408 Brand St. Ste.1  
Rio Grande City,  
TX 78582  
Tel: (956) 487-9100  
Fax: (956) 487-9190

**6. East Hidalgo County**

1600 N. Westgate,  
Ste.400  
Weslaco, TX 78596  
Tel: (956) 969-6100  
Fax: (956) 969-6190

**7. Corporate Office**

3101 W. Business 83  
McAllen, TX 78501  
Tel: (956) 928-5000  
Fax: (956) 664-8987

**\*Workforce Solutions' Corporate Office and Career Centers are open Monday through Friday from 8:00am to 5:00pm, except on federal holidays.**

# Supervisor's Responsibilities

- 1. Please be familiar with and follow the terms of the “Work Site Agreement”.**
  - a. Participants must have Supervision at all times.
  
- 2. Please provide Alternate Supervisors with “Supervisor Orientation”.**
  - a. For assistance, contact the Participant's Career Counselor.
  
- 3. Please place the “Supervisor’s Handbook” in a common location.**
  - a. A location that is known and accessible to All Work Site Supervisors.
  
- 4. Complete the Pre/Post Program Evaluation for Youth Work Experience.**
  - a. Pre-Program Evaluation must be completed the first (1<sup>st</sup>) week on the job.
  - b. Post-Program Evaluation must be conducted upon completion of the Work Experience program.
  
- 5. Please provide an Appropriate and Safe Work Assignment.**
  - a. Inform the Participant of your expectations.
    - Explain Work Site Policies and Procedures.
    - Rules infractions will be immediately addressed.
  - b. Share with the Participant the Value of the Work to be performed.
  - c. Instruct the Participant on Safe Working Habits.
  - d. Issue the necessary Equipment and Materials for the Assignment.
  
- 6. Please assist the Participant with acquiring basic work competencies.**
  - a. Attendance and Punctuality.
  - b. Quality of Work.
  - c. Learning to Follow Instructions.
  - d. Learning How to Participate and Contribute to Working Relationships
  - e. Dependability.
  - f. Personal Behavior.
  - g. Personal Appearance.

## **Supervisor's Responsibilities (continued)**

**7. Please ensure that the “HSWY PAYROLL TIMESHEET” is completed.**

a. Each workweek begins on Saturday and ends on Friday. At the end of each pay period, every participant must complete a timesheet completely and accurately. Required information for a “completed” timesheet includes:

- Name (as it appears on the participant's social security card).
- Social Security Number (Last 4 digits).
- Worksite Company Name.
- Supervisor name and Supervisor phone number.
- All dates and hours worked during the pay period with accurate totals in the appropriate blanks.
- Performance Evaluation completed by the Supervisor.
- As appropriate, Remarks completed by the Supervisor.
- Two Signatures with Date: Participant and Date and Supervisor and Date.

**8. Immediately Contact the Participant's Career Counselor to address:**

- a. Participant's Personal Problems or recurring Work-Related Problems.
- b. To Report a “Work Related” Injury.

# Pre and Post Evaluation for Youth Work Experience

The Pre Evaluation provides a starting “Bench Mark” measure for basic job skills, while the Post Evaluation provides a way to document the Participant’s participation in the Work Experience Training Program, and to measure basic job skills at completion of the Program.

The “Pre-Evaluation for Youth Work Experience” form must be completed during the first (1<sup>st</sup>) Week of the Work Assignment.

The “Post-Evaluation for Youth Work Experience” form must be completed during the last Week of the Work Assignment.

Please submit forms to the Participant’s Career Counselor.



## Pre-Evaluation for Youth Work Experience

Youth's Name \_\_\_\_\_ Date of Pre-Evaluation \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Site \_\_\_\_\_

Instructions: Rate the youth on the following listed items. Provide notes, based on your professional observation that will aid the youth in improving their performance.

- RATING SCALE:**
- 3- Strongly demonstrated appropriate behavior
  - 2- Adequately demonstrated appropriate behavior
  - 1- Poorly demonstrated appropriate behavior
  - 0- Unacceptable demonstration of appropriate behavior

Skill	Worksite Rating
Demonstrates positive work attitude and work behavior	0 1 2 3
Demonstrates appropriate personal grooming and appearance	0 1 2 3
Demonstrates professional conduct and personal maturity	0 1 2 3
Demonstrates good attendance and punctuality	0 1 2 3
Exhibits good working relationships	0 1 2 3
Exhibits quality of work	0 1 2 3
Exhibits a willingness to learn	0 1 2 3
Follows instructions well	0 1 2 3

Additional Comments (observations, accomplishments, completed activities, or suggestions given to youth): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please review, then sign and date this pre-evaluation:

\_\_\_\_\_  
 Evaluator's Name (Print)                      Date

\_\_\_\_\_  
 Youth's Name (Print)                      Date

\_\_\_\_\_  
 Evaluator's Name (Signature)                      Date

\_\_\_\_\_  
 Youth's Name (Signature)                      Date





## Post-Evaluation for Youth Work Experience

Youth's Name \_\_\_\_\_ Date of Post-Evaluation \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Site \_\_\_\_\_

Instructions: Rate the youth on the following listed items. Provide notes, based on your professional observation that will aid the youth in improving their performance.

- RATING SCALE:**
- 3- Strongly demonstrated appropriate behavior
  - 2- Adequately demonstrated appropriate behavior
  - 1- Poorly demonstrated appropriate behavior
  - 0- Unacceptable demonstration of appropriate behavior

Skill	Worksite Rating
Demonstrates positive work attitude and work behavior	0 1 2 3
Demonstrates appropriate personal grooming and appearance	0 1 2 3
Demonstrates professional conduct and personal maturity	0 1 2 3
Demonstrates good attendance and punctuality	0 1 2 3
Exhibits good working relationships	0 1 2 3
Exhibits quality of work	0 1 2 3
Exhibits a willingness to learn	0 1 2 3
Follows instructions well	0 1 2 3

Additional Comments (observations, accomplishments, completed activities, or suggestions given to youth): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please review, then sign and date this post-evaluation:

\_\_\_\_\_  
 Evaluator's Name (Print)                      Date

\_\_\_\_\_  
 Youth's Name (Print)                      Date

\_\_\_\_\_  
 Evaluator's Name (Signature)                      Date

\_\_\_\_\_  
 Youth's Name (Signature)                      Date

# Payroll Procedures

The Participant's HSWY Payroll Timesheet must be accurately completed. The timesheet will be utilized to calculate wages. It is the responsibility of the worksite Supervisor and the Participant to review and verify all information.

Should the timesheet be filled incorrectly, there will be a delay of the Participants compensation for time worked. Each Participant must be made aware of the standard deductions which are withdrawn from each payroll, such as FICA and Social Security.

Guidelines for completing an accurate HSWY Payroll Timesheet are as follows:

- Timesheets must be completed in blue or black ink.
- Timesheets must be completed without scratch outs and without whiteout correction fluid.
- Timesheets must have the Participant's correct Social Security number.
- Timesheets must have the Participant's correct legal full name.
- Timesheets must reflect the correct payroll period dates.
- Timesheets must reflect the correct "Less Lunch". In the "Less Lunch" field, the total time (i.e. 1 hour, 30 mins) taken for lunch must be indicated.
- Timesheets must reflect accurate time worked on a quarter hour basis (every 15 minutes). For example, if the Participant arrives to work five (5) minutes after any quarter hour begins (8:05 am), the Participant must sign in at the beginning of the next quarter hour (8:15 am).
- Participants must sign the HSWY Payroll Timesheet with their legal full name. No nicknames or initials will be accepted.
- All timesheets must be verified by the worksite Supervisor. The Supervisor will sign the verified timesheet with their official, full signature. No nicknames or initials will be accepted.



### HSWY – PAYROLL TIMESHEET

Name _____ <small>(Print)</small>	Social Security Number (Last 4 digits only) _____
Worksite Company _____ <small>(Print)</small>	
Supervisor Name _____ <small>(Print)</small>	Supervisor Phone _____ <small>(Print)</small>
WE Contractor _____ <small>(Print)</small>	WE Contractor Phone _____ <small>(Print)</small>

Payroll for the Week Ending on Friday the (Date) \_\_\_\_\_

	Saturday <small>( / / )</small>	Sunday <small>( / / )</small>	Monday <small>( / / )</small>	Tuesday <small>( / / )</small>	Wednesday <small>( / / )</small>	Thursday <small>( / / )</small>	Friday <small>( / / )</small>	Total Work Hours
MM/DD								
Time IN								
Time OUT								
Less Lunch								
TOTAL								

Payroll for the Week Ending on Friday the (Date) \_\_\_\_\_

	Saturday <small>( / / )</small>	Sunday <small>( / / )</small>	Monday <small>( / / )</small>	Tuesday <small>( / / )</small>	Wednesday <small>( / / )</small>	Thursday <small>( / / )</small>	Friday <small>( / / )</small>	Total Work Hours
MM/DD								
Time IN								
Time OUT								
Less Lunch								
TOTAL								

Grand Total Work Hours **(Both Weeks Combined)**

Performance Evaluation (To be completed by Worksite Supervisor)

PERFORMANCE FACTORS	EXCELLENT	ABOVE AVERAGE	SATISFACTORY	NOT ACCEPTABLE
Attendance/Punctuality				
Quality of Work				
Willingness to Learn				
Follows Instructions				
Working Relationships				
Dependability				
Personal Behavior				
Personal Appearance				

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

DISTRIBUTION: Copy 1 – Payroll  
Copy 2 – Participant

# **Program Quality Assurance Review**

## **Why is there a Program Quality Assurance Review?**

Program Quality Assurance activities extend beyond compliance. Quality Assurance aids in meeting program objectives, preventing audit exceptions, and improving systems for controlling program administration.

Periodic review of the Work Site is necessary to improve services provided to the Participant and to evaluate the quality of the Work Experience Training.

## **The Program Quality Assurance Review Process.**

During the duration of the Participant's Work Experience Training, the Quality Assurance Representative may conduct a Work Site Review consisting of a physical visit and interviews with the Supervisor(s) and Participant(s)

A Work Site Review may be unannounced and will occur at least once during the Work Experience Training assignment.

The Quality Assurance Representative will request to speak with the Supervisor(s) and the Participant(s) to interview each party using a standardized Quality Assurance Questionnaire. In addition, the Quality Assurance Representative will review Time and Attendance Records, Medical Release Information, and observe Working Conditions and Environment.

# Participant Termination Procedures

A Participant can be “Fired” from their Work Site and removed from the Work Site with “Just Cause”. Examples include, but are not limited to, the following:

- Unacceptable Attendance.
- Unacceptable Punctuality.
- Exhibiting Undisciplined Behavior.
- Dishonesty and/or Stealing.
- Breaking Work Site or Program Rules or Policies.

If the situation warrants, the Work Site Supervisor may remove a Participant from the Work Site and have the Career Counselor meet with the Participant for counseling. The Career Counselor will investigate the situation prior to taking any action.

The Supervisor has the authority to “Fire” a Participant from the Work Site.

# Alcohol and Drug-Free Workplace Policy

Workforce Solutions Lower Rio Grande Valley, C2 Global Professional Services LLC, Unique HR and the Work Site will comply with the Drug-Free Workplace Act of 1988 and with applicable state law outlawing the use of alcohol, illegal inhalants and drugs in the workplace.

## DRUG-FREE WORKPLACE ACT OF 1988 STATEMENT

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, alcohol and illegal inhalants are prohibited. In addition, specific action will be taken against any participant who reports to their job or who is under the influence of alcohol, illegal inhalants or drugs during the work day or who in any manner violates this policy.

## PARTICIPANT REQUIREMENTS

1. As a condition of participation in the Youth/Adult Work Experience Program, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as well as the requirements of this policy.
2. I agree to notify the Unique HR of any criminal drug statute conviction(s) for a violation occurring in the workplace no later than five (5) days after such conviction.

## DEFINITIONS

1. The term “drug-free workplace” means a site for the performance of work at which the participants are prohibited from utilizing or being under the influence of illegal inhalants, engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance including alcohol, in accordance with the requirements of this policy.
2. The term “participant” means individuals engaged in the performance of work experience activities under the Youth/Adult Work Experience Program.
3. The term “controlled substance” means a controlled substance in schedules I through V of section 202 of the Controlled Substance Act (21 U.S.C. 812) and further defined in regulations 21 CFR 1308.11-1308.15.
4. The term “conviction” means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.
5. The term “criminal drug statute” means a criminal statute involving manufacture, distribution, dispensation, use or possession of any controlled substance.

## SANCTIONS AND REMEDIES

Any participant in violation of this policy may be terminated from the Youth/Adult Work Experience Program.

Nothing contained in this policy or any written verbal statements by any management or supervisory official shall be construed to alter the nature of the individual’s responsibilities for participation in the Youth/Adult Work Experience Program. No person has the authority to waive or vary this understanding.

## ALCOHOL AND DRUG TESTING POLICY

All participants are required to submit to drug testing by demand. What does “by demand” actually imply? You could be required to submit due to reasonable suspicion, or due to random testing. If you are tested and you test positive for drugs and/or alcohol, you will be counseled, and if you cannot provide medical proof from your doctor for the positive results, you may be terminated from the program.

**If a Participant is injured while on the job, Unique HR will arrange for the Participant to be taken to a nearby facility to receive appropriate medical treatment as provided under the Texas Workers’ Compensation Act. The Participant will be required to be tested for drugs and alcohol within 24 hours of the accident. If the Participant fails to adhere to this request, the Participant will be terminated from the program. If the Participant test positive for alcohol or drugs, their workers’ compensation benefits may be terminated or reduced, based on Texas Workers’ compensation Act, and the Participant will be terminated from the program**

# Harassment Policy

## IT IS A MATTER OF RESPECT FOR ONE ANOTHER

Harassment Hotline: 1-800-824-8367

**Workforce Solutions Lower Rio Grande Valley, C2 Global Professional Services LLC, Unique HR and the Work Site** will not tolerate any kind of harassment in the workplace. Harassment in the workplace encompasses a broad range of behavior, including conduct that relates to a participant's gender, race, religion, color, national origin, age or disability. We seek to maintain a working environment in which every participant is treated with dignity and mutual respect. Harassment is inconsistent with this philosophy as it undermines participant morale, creates suspicion and hostility between co-workers, and interferes with productivity. We seek to provide a workplace free of verbal and physical harassment or intimidation of any kind. Harassment is a serious matter and is prohibited in the workplace by any person and in any form. We will promptly investigate alleged harassment and will take appropriate action.

### Sexual Harassment Defined

Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature constitute harassment when one or more of the following apply:

- Submission to such conduct is made an explicit or implicit term or condition of a participant's work experience;
- Submission to or rejection of such conduct by a participant is used as a basis for training decisions affecting the participant;
- Such conduct unreasonably interferes with a participant's work performance or creates an intimidating, hostile or offensive working environment.

"Verbal or physical conduct" includes, but is not limited to: sexually-related comments; telling off-color jokes; commenting on physical attributes; sexually suggestive pictures, notes or signs; unseemly gestures or sounds; touching; use of demeaning or inappropriate terms or names; crude or offensive language; discussing sexual activity about or around others; engaging in hostile physical conduct; sabotaging a victims' work; granting job favors to those who participate in consensual sexual activity.

### Sex-based Harassment Defined

Unwelcome comments or conduct directed towards an individual because of her/his sex (gender) or said about a particular sex (gender), which unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment may constitute sex-based harassment. In contrast to sexual harassment, these comments or conduct do not have to be of a sexual nature. Examples of sex-based harassment are:

- Repeatedly demeaning or criticizing an individual because of her/his sex (gender), e.g., comments such as "you're a woman (or man) what do you know" or "we'd be better off if women would just stay home and mind the kids."
- Repeated comments, although not directly made to a particular individual, that demean or criticize members of that sex (gender) e.g. "women/men are so stupid they can't get anything right."
- Threatening or intimidating an individual because of their sex (gender) through the use of hostile or threatening words and/or behavior.

### Religious, Racial, National Origin, Age and Disability Harassment Defined

Derogatory slurs and other verbal or physical conduct relating to an individual's religion, race, national origin, age or disability constitute harassment when this conduct:

- Has the purpose or effect of creating an intimidating, hostile or offensive work environment;
- Has the purpose or effect of unreasonably interfering with an individual's work performance; or
- Otherwise adversely affect an individual's work experience opportunities.

### RETALIATION

We strictly prohibit retaliation against a participant for filing a complaint or for assisting in an investigation, even if the investigation does not find that the alleged harassment occurred. Examples of retaliation include, but are not limited to: changes in terms and conditions of training, sabotaging work, and talking negatively about the participant to others.

### COMPLAINT PROCEDURE

Any participant who believes that he/she has been harassed should report the conduct in question as soon as possible. The report or complaint should be made to the participant's supervisor or the supervisor's supervisor as well as any member of management if the complaint involves the participant's supervisor and call Unique's Harassment HOT LINE at 1-800-824-8367

## Other Services

**For Forms, Time Sheet, Workers' Compensation Certificate, Reporting On-The-Job Injury, answers to Frequently Asked Questions, and Contact Information, Please become familiar with the Program's Web Site [www.workunique.com](http://www.workunique.com)**

### Employment Verification Requests

Occasionally, participants will require Employment Verifications. Requests can be faxed to Unique HR at (972) 725-9305. Requests will be completed within three business days of receipt