



# Paid Work Experience /Internship/Transitional Job: Request and Approval

This form is required prior to beginning a PWE with a business or partner organization. It is the responsibility of the Manager of the Program or Grant that is funding the PWE (PWE Owner) to complete this form and obtain all the required signatures.

Employer Name & Address:	
Funding Source:	
Start/End Dates:	
# of hrs./week (maximum 29): # of weeks:	
Wage:	\$
# of Positions:	
Approx. Cost/Per Participant Detail:	Ex.: 29 hrs./week X \$15/hr. = \$435/week. \$435/week X 12 weeks = <b>\$5,220</b>
Add: FICA (7.65%) + Worker's Comp. (5%) = 12.65%	Ex: 5,220 + .1265% = <b>\$660.33</b>
Total Contract (\$):	Ex.: <b>\$5,880.33</b> per participant. 3 participants @ \$5,880.33 = <b>\$17,640.99</b>

**History with the proposed employer or business partner.** Review any previous PWE's, OJT's; have they served as an Earn & Learn worksite, or beneficiary of other grant/contract? Has previous experience been successful, or has there been a high level of incompletes or early terminations; any other patterns to be aware of:

**Any additional comments:**

**Has the Trainee received any other funds for training or support services from WIOA or other EMI grant?**

\_\_\_ NO      \_\_\_ YES      Details: \_\_\_\_\_  
Program/Grant Name & Dates

Trainee Name(s): \_\_\_\_\_

Asset PIN: \_\_\_\_\_ ETO #: \_\_\_\_\_

Verified by: \_\_\_\_\_

✓ **Entered into Business Solutions OJT/IWT/WARN & Hiring Events Spreadsheet:**  (Enter on appropriate tab.)  
**Not Applicable:**

APPROVAL SIGNATURES/DATE:

	Signature	Date
PWE Owner		
Program or Grant Manager		
Chief Planning Officer		
Chief Financial Officer (CFO)		