

DWD APPENDIX A: PARTICIPANT PLACEMENT AGREEMENT

Participant and Work Site to complete all highlighted areas.

BACKGROUND

Wisconsin's Quality jobs, Equity, Strategy, and Training (QUEST) Disaster Recovery National Dislocated Worker Grant (DWG) funds disaster-relief jobs that provide humanitarian assistance to help mitigate the deficiency of childcare employees in Wisconsin. These are **temporary jobs** that allow eligible individuals (participants) to help at licensed/certified childcare centers. These disaster-relief jobs are limited to 12 months or 2,080 hours, whichever is longer.

The participant, identified below, will be assigned to a placement site to perform temporary work. The employer of record, listed below, is responsible for paying the participant's wages and, if applicable, fringe benefits; the employer of record is not necessarily the same as the placement site. The participant's compensation will be the same or similar to that paid to others who perform similar work for the same placement site and who have similar training and experience.

PURPOSE OF THE AGREEMENT

The purpose of this agreement is to define terms and conditions related to the participant's disaster-relief employment under the QUEST DWG. If, during the course of the temporary employment, any of the information found in this form changes, a new agreement must be completed and signed by all parties.

PARTICIPANT INFORMATION

Participant's Name	
Participant's Address	
Participant's Email	
Participant's Phone Number	

PARTICIPANT'S EMERGENCY CONTACT

In case of an emergency, the project operator or placement site staff will contact:

Contact Name	
Relationship to Participant	
Contact's Phone Number	
Contact's Address	

EMPLOYER OF RECORD

The employer of record will pay the participant's wages and, if applicable, fringe benefits. If applicable, the employer of record will provide worker's compensation coverage for the participant, or, if not applicable, provide another adequate form of insurance coverage for work-related injuries. The

employer of record will also pay unemployment insurance taxes, if applicable. The employer of record will file with the Social Security Administration and furnish to the participant Form W-2, Wage and Tax Statement, showing the wages paid and taxes withheld for the year. For this disaster-relief job, the participant's employer of record is:

Employer of Record Name	
Name of Contact Person	
Contact's Email	
Contact's Phone Number	

PLACEMENT SITE RESPONSIBILITIES

As part of this agreement, and to be an eligible placement site under the QUEST DWG, the placement site will:

- Assign the participant a supervisor;
- Provide an orientation to the participant and ensure the Placement Site Orientation Checklist is completed;
- Cooperate with the employer of record's timesheet process to ensure accurate tracking of participant's work hours;
- Provide the same working conditions and apply the same policies to the participant as provided and applied to their regular employees and/or volunteers.

PARTICIPANT'S JOB TITLE: _____

JOB TASKS

Describe the **tasks** the participant will be expected to perform. (attach additional pages if needed)

See Attached Job Description

WAGES, HOURS, AND WORK SCHEDULE

The information contained in this section only applies to work hours covered by the QUEST DWG.

Disaster-relief Job Rate of Pay	\$
Anticipated Start Date	
Estimated Hours per Week	
Anticipated Number of Weeks	

Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

-OR-

Variable work schedule

BENEFITS

In some cases, the employer of record will provide benefits, such as paid time off, health insurance, etc., to the participant.

Will the participant receive benefits? Yes No

If yes, list the benefits in detail here (attach an additional sheet, if necessary):

N/A

PROBLEMS AT THE WORKSITE

The placement site is required to notify the employer of record in writing of any situation that could result in termination of the participant's job placement.

The participant is encouraged to contact the project operator or service provider with any issues or concerns, including safety concerns or being asked to perform work not covered by this agreement. The project operator or its service provider will work with the participant and placement site to attempt to resolve the issues or concerns.

Name of Project	
Operator/Service Provider Contacts	
Contact's Email	
Contact's Phone Number	

COPIES OF PARTICIPANT PLACEMENT AGREEMENT

The project operator must provide a copy of this agreement, including required attachments, to the participant and the placement site, and the project operator must retain a copy in the participant's case file. The placement site must ensure that the participant's placement site supervisor has access to this agreement.

ASSURANCES

QUEST DWG participants are protected from discrimination and guaranteed equal opportunity for programmatic access in accordance with:

- Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identify), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title I-financially assisted program or activity;
- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color, and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

SIGNATURES

By signing below, I agree to all of the terms, conditions, initialed acknowledgements, and responsibilities listed in this agreement, as they are applicable to me and/or my organization for the purpose of carrying out the QUEST DWG.

_____	_____
Participant	Date
_____	_____
Authorized Representative with Placement Site	Date
_____	_____
Authorized Representative with Project Operator Or Service Provider	Date

Cc: Participant
Placement Site
Participant’s Direct Supervisor
Career Planner
EMI Program Coordinator