WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
YOUTH WORK EXPERIENCE PROGRAM
PARTICIPANT STATEMENT OF UNDERSTANDING

A. This Statement describes the terms and conditions explained to the participant by the WIOA Youth Program Contractor and agreed to by the participant.

This Statement is not a guarantee that the participant will complete the maximum allowable number of hours assigned.

If the Worksite’s Agreement with the Youth Program Contractor ends before the participant has completed the maximum allowable hours, the participant may not continue on in the activity unless the Worksite Agreement is extended.

If the Worksite Agreement cannot be extended, every effort will be made to place the participant at a comparable Worksites, although not guaranteed. If the participant is placed at a new Worksites, a new Statement will be completed and signed by the Youth Program Contractor and participant.

The Youth Program Contractor will fully explain the participant’s duties, responsibilities and learning expectations related to participation in the Work Experience Program.

The participant has been authorized to participate in the Work Experience Program with the following understanding:

<table>
<thead>
<tr>
<th>Hourly Payment Rate and Work Hours</th>
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<tbody>
<tr>
<td>Hourly Payment Rate</td>
</tr>
<tr>
<td>Maximum Work Hours per Week*</td>
</tr>
<tr>
<td>Maximum Total Work Experience Hours</td>
</tr>
<tr>
<td>Maximum Number of Weeks</td>
</tr>
<tr>
<td>Worksite Assignment Start Date</td>
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<tr>
<td>Projected End Date</td>
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* May be adjusted by the Youth Program Contractor based on need, not to exceed 30 hours per week and the overall maximum hours/ weeks authorized.

Assigned tasks will be performed at the following Worksites (if applicable):

Name (Worksite): ____________________________________________________

Address (Worksite): _________________________________________________

Job Title: _________________________________________________________

B. I attest to the fact that Parts A and B above have been fully explained to the participant.
Signature of Youth Program Contractor          Date

I attest to the fact that I fully understand Parts A and B as explained by the Youth Program Contractor.

Signature of Participant          Date

**Note:** This completed form is to be maintained by the Youth Program Contractor in the participant’s file.