



## County of Los Angeles Youth@Work Program Worksite Expectations Review



Employer of Record (Agency) Name:				In Person WEX Assignment Virtual WEX Assignment			
Worksite Name:							
<b>Worksite Information</b>							
Worksite Address:			Worksite Supervisor:			Telephone Number	
Start Date:			# of Authorized Work Hours/Week:			To report absence or tardiness call:	
End Date:							
Safety and Emergency Evacuation protocols discussed on:							
<b>Work Experience Information</b>							
Youth Job Title:				Duties:			
<b>Work Schedule:</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Start Time</b>							
<b>End Time</b>							
Applicable to Remote Worksites Only: Remote worksite supervisor agrees to establish a regular, ongoing daily check-in procedure with the youth participant. Remote worksite supervisor also agrees to remain in available to the youth throughout their regularly scheduled shift.							
I have reviewed all the information within this Worksite Expectations Review Form and agree and adhere with the work schedule noted above. I also have received a copy of the Worksite Supervisors Manual including the ADA Checklist during the orientation.							
<b>Worksite Supervisors Printed Name:</b>							
<b>Worksite Supervisor Signature:</b>						<b>Date:</b>	



# County of Los Angeles Youth@Work Program Worksite Expectations Review



Youth Information			
<b>Name:</b>		<b>Date of Birth:</b>	
<b>Age:</b>	If youth is under the age of 18, a valid work permit must be on file.	<b>Phone:</b>	<b>Email:</b>
I have reviewed all the information within this Worksite Expectations Review form and understand the activities in which I will participate in as part of my involvement in the Youth@Work Work Experience Activities. I understand my work duties and the number of authorized work hours.			
Participant Signature:			Date:
If under 18, Participant's Parent/Guardian Printed Name:			
Participant's Parent/Guardian Relationship:			
Participant's Parent/Guardian Signature:			Date:
Agency Staff Printed Name:			
Agency Staff Signature:			Date: