



The Department of Human Services in Partnership with  
the Departments of Economic Development, Education,  
Human Rights, Management, and Workforce Development.

## SPONSOR'S REQUEST FOR WORK EXPERIENCE (WEP) PARTICIPANT

Please complete one form for each type of job available.

Sponsor agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Location of work site: \_\_\_\_\_

I wish to become a WEP sponsor and request that a person be placed at my agency for a maximum of \_\_\_\_\_ hours per week. To perform this job, the participant must have these qualifications:

\_\_\_\_\_

\_\_\_\_\_

Job title: \_\_\_\_\_ *(Attach job description)*

**As a WEP sponsor I Will:**

- Provide training and supervision to enable each participant to learn vocational skills and gain work experience.
- Provide all necessary equipment and materials for the assigned work.

**For each WEP position I Will:**

- Protect the participant's right to confidentiality regarding her/his FIP status.
- Comply with applicable state and federal health and safety regulations.
- Provide the WEP participant with training in safety and the safe operation of equipment.
- Attach a description of the safety equipment needed and the safety equipment that we provide to other employees.
- Attach a description of our workplace safety program, including the workplace safety rules, to this form unless it is already on file with the PROMISE JOBS office.
- Submit attendance and progress reports.
- Immediately notify PROMISE JOBS of the participant's absence, excessive tardiness, or disruptive or uncooperative behavior.
- Give prior notification before dismissal of any participant and file a termination report.

**A WEP position will not be:**

- Used to replace regular staff.
- Related in any way to religious, political, electoral or partisan activities.
- Developed in response to or in any way associated with the existence of a strike, lockout or other bona fide labor dispute.
- In violation of any existing labor agreement.

**I understand the following about each participant:**

- I am not required to accept any participant that I consider unsuitable.
- I will notify PROMISE JOBS of my acceptance or refusal of each referral, using the forms provided.
- The participant will be actively seeking work so the length of the assignment cannot be guaranteed.
- The participant is not an employee of the sponsor, the Workforce Development Department, the Service Delivery Region, or the Department of Human Services and is not entitled to wages or benefits provided a regular employee (vacation, sick leave, pension, etc.).
- The Department of Human Services will provide workers' compensation insurance coverage for the participant.

<i>Sponsor's signature and date</i>	<i>PROMISE JOBS approval and date</i>
-------------------------------------	---------------------------------------