



TITLE: Procedure to Apply the Policy for Transitional Employments

VALIDITY: November 15, 2017

APPROVED BY: [Signed]
Mr. Rafael H. Aparicio Cesaní, Local Board President

I. OBJECTIVE

Describe how does the Policy for the Development of Transitional Employments will be applied. Establish the parameters so that the participants acquire a significant work experience. The activity can have a maximum duration of nine hundred and sixty (960) hours or six (6) months, what occurs first.

II. REFERENCES

- Policy for Transitional Employment
- Section 134 (d) (5) the Workforce Innovation and Opportunity Act (WIOA, for its English acronym)
- Sections 680.190 and 680.195 of the Regulation of the Workforce Innovation and Opportunity Act (WIOA, for its English acronym)
- TEGL 3-15 issued by the Training and Employment Program ascribed to the Federal Department of Labor on July 1, 2015

III. DEFINITIONS

1. Transitional Employment: It provides a work experience of limited duration to individuals that present job barriers due to chronic unemployment or an inconsistent work history. This can be an effective solution for individuals that need to obtain a job experience that they would not be able to obtain by other means through occupational skills development training activity or through On-the-Job Training (OJT). Its purpose is that the participant obtain a work history, demonstrate being a successful worker and develop the skills that allow them to obtain and retain a nonsubsidized job.

2. Chronic Unemployment: An individual that has been unemployed during the last two years.
3. Employee with an inconsistent job history: An individual that has have been employed in diverse job posts by periods of time that do not bring a significant job experience to their work history, which adversely affects their likelihood of getting integrated into the workforce.

IV. RESPONSIBILITIES

This procedure will be applied by the Title I personnel. The designated areas and posts are Career Planner, Service Assistants, Social Workers, Occupational Counsellors.

V. DESCRIPTION AND DOCUMENTATION

- VI. The activity will imply payment of salary for the evidenced worked hours, and they will have contribution and discount of Social Security. Payment will be made directly to the participant by the Title I-B funds' administrator. The activity will be combined with career comprehensive services, and for those cases deemed necessary Support Services will be approved, according to the individual participant's need to the ends of assuring that the participant acquire the corresponding skills.

The activity comprises a significant work experience with a maximum duration of nine hundred and sixty (960) hours or six (6) months, what occurs first. The law establishes that the activity can be developed in the public and private sectors (for profit or non-for-profit). It was established that up to a maximum of 20% of the allocated funds be used to create transitional jobs in the public sector, that is the municipal, state and/or federal government.

There is no obligation for the employer to retain the individual in the transitional job after the activity has been completed, independently of their success and performance as a worker.

- 1) The Career Planner will be responsible of certifying the service eligibility and must evidence in the case management: chronic unemployment and/or employed with inconsistency work history. The individual must complete the *Eligibility for Participating in Transitional Employment* form.

Evidential documents:

- Evidence of unemployment for two years (unemployed)
- Evidence of the individual's job inconsistency and that cannot retain a job for more than six (6) months in a stable job
- Case Management
- Participant's Self-certification

- 2) The Job Promoters through a presentation to employers will bring orientation about the benefits and incentives available through Title I funds. They will provide support to fill out the Work Experience Agreement, Internship, and Transitional Jobs, and will coordinate the by-laws delivery, as applicable.

VII. ATTACHMENTS

Forms:

- Work Experience Agreement, Internship, and Transitional Employment
- Eligibility for Participation in Transitional Employments
- Work History Evaluation and Skills Acquisition

VIII. VALIDITY

This procedure will take effect after its approval by the Local Board. It will be the Local Board Executive Director's responsibility to inform the personnel in relation to this procedure within fifteen (15) days after its approval.

[Signed]

Rafael H. Aparicio Cesaní
President
Local Board Southeast Labor Development

Nov -15 - 2017

Date

PARTICIPANT EVALUATION

TRANSITIONAL JOBS ACTIVITY

NAME OF PARTICIPANT:

SOCIAL SECURITY:

TOWN:

SERVICE PROVIDER:

1. SENSE OF BELONGING

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

2. TEAMWORK

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

3. RESPONSIBILITY

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

4. SAFETY

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

5. FOLLOWING INSTRUCTIONS

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

6. WORK APPRECIATION

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

7. EMPOWERMENT

- 3 Excellent
- 2 Good
- 1 Fair
- 1 Poor

8. APTITUDES

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

9. INTERPERSONAL RELATIONSHIPS

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

10. COMPLIANCE WITH NORMS AND POLITICS

- 3 Excellent
- 2 Good
- 1 Fair
- 0 Poor

11. WOULD YOU EMPLOY THIS PERSON? Yes ___ No ___

Explain _____

12. DID THE PERSON HAD INCONVENIENCES IN THE ACTIVITY?

Yes ___ No ___

EVALUATION	SCALE
A	30@ 24 Acquired skills
B	24@ 10 Needs improvement
C	09 @ 0 Did not acquire skills

RESULTS

Points obtained _____

Total points 30

Results scale _____

EVALUATION CERTIFICATION

Participant's Signature

Immediate Supervisor

Date

Date

COLLABORATION AGREEMENT
JOB EXPERIENCE, TRANSITIONAL JOBS, AND INTERNSHIP

1. EMPLOYER INFORMATION

<input type="checkbox"/>	Municipal Government	<input type="checkbox"/>	State Government
<input type="checkbox"/>	Private (for profit)	<input type="checkbox"/>	Private (non-for-profit)
<input type="checkbox"/>	Federal Government		

NAME: _____

PHYSICAL ADDRESS _____

POSTAL ADDRESS: _____

TELEPHONE: () _____ () _____

EMPLOYER'S SOCIAL SECURITY: _____ WCI (CFSE) _____

AUTHORIZED REPRESENTATIVE: _____

CONTACT PERSON'S NAME: _____

CONTACT PERSON'S EMAIL: _____ CONTACT'S PHONE: _____

NO. OF CONTRACTED EMPLOYEES: _____

TYPE OF SERVICE: _____

HOURS AND DAYS OF SERVICE: _____

II. ACTIVITY REQUEST

ACTIVITY: JOB EXPERIENCE TRANSITIONAL JOBS INTERNSHIP

POSITIONS AVAILABLE FOR THE ACTIVITY:

TIME: Participation will not exceed 40 weekly hours, 8 daily hours, and will have a lunch period by the fifth hour.

DAY NIGHT ROTATORY FIXED

DEPT/UNIT WHERE SKILLS WILL BE OBTAINED	SUPERVISOR	POSITION

III. ACQUIRE JOB BASIC SKILLS

<input type="checkbox"/>	KEEPING WORKING AREAS CLEAN	<input type="checkbox"/>	FILLING OUT DOCUMENTS
<input type="checkbox"/>	PHOTOCOPYING DOCUMENTS	<input type="checkbox"/>	REPORT AND LETTER WRITING
<input type="checkbox"/>	ANSWERING PHONE CALLS	<input type="checkbox"/>	DATA COLLECTION
<input type="checkbox"/>	TAKING PHONE MESSAGES	<input type="checkbox"/>	ORGANIZING FILES
<input type="checkbox"/>	SENDING FAXES	<input type="checkbox"/>	USING BASIC TOOLS
<input type="checkbox"/>	USING COMPUTER	<input type="checkbox"/>	PARTICIPATING IN EMERGENCY DRILLS
<input type="checkbox"/>	CUSTOMER SERVICE	<input type="checkbox"/>	KEEPING AN AGENDA
<input type="checkbox"/>	FILING	<input type="checkbox"/>	KEEPING IN ORDER EQUIPMENT AND DOCUMENTS
<input type="checkbox"/>	TEAMWORK	<input type="checkbox"/>	PUNCTUALITY AND ATTENDANCE

IV. EMPLOYER AGREEMENTS WITH ALDSURESTE

1. Provide an appropriate environment for the participants so that they can acquire really significant experience. This includes health conditions, safety, equipment, materials, and facilities to keep their documents including the Attendance Sheet, trainings, orientations, and any other activity that helps to retain employment.
2. Providing immediate and effective supervision, so that the information provided in the Attendance Sheet is faithful and accurate.
3. Rendering those reports that are requested by AldlSureste in the determined dates, specifically in the participant's Attendance Sheet, which must be filled out by the immediate supervisor on the exact day of the fortnight ending.
4. Facilitating to the AldlSureste's personnel visiting the participants to evaluate their tasks performance in their workplace, including their attendance of this personnel to the meetings to which they are appointed.
5. Allowing the participants to be part of the educational and/or cultural activities that are organized by AldlSureste.
6. Complying with all the provisions that are applicable to the WIOA, in special those regarding to the following:
 - a. the regular employees will not be dislocated by the participants
 - b. prohibiting the participation in political and sectarian activities during working hours.
7. Being aware that absences and/or transfers will only take place when the Local Area determines so, and that the activity to be developed will last for a period of time that will be determined by the Career Planner.
8. Notifying AldlSureste Local Area any difficulty or problem that harms the client (participant) in the activity development.
9. The participants will comply with the established hours, which will not exceed eight (8) hours daily and/or forty (40) weekly hours.
10. There must be an adequate proportion between clients (participants) and supervisor.
11. The Local Southeast Labor Development will be responsible to refer and select the persons that will participate in the activity.
12. The employer will allow visits from the Local Southeast Labor Development's officials, the members of the Local Board, Labor Development Program (PDL, for its Spanish acronym), and/or the Federal Government officials.
13. The employer will be responsible to comply with the corrective measures recommended by the Local Area to solve situations that arise during the activity within the activity term.
14. The employer certifies that at the moment of subscribing the present agreement is free of labor conflicts.
15. The employer gets committed to take the necessary measures to retain the participant in the job or to help the participant in the job search of a non-funded job.

V. EMPLOYER CERTIFICATION

COLLABORATION AGREEMENT: *JOB EXPERIENCE, TRANSITIONAL JOBS, AND INTERNSHIP*

I hereby certify that as an Employer's Representative, will be in charge of ensuring compliance with all the stipulated clauses.

PRINTED NAME

POSITION

SIGNATURE

DATE

****FOR ALDLSURESTE'S SOLE USE****

VI. ACTIVITY APPROVAL

ACTIVITY: JOB EXPERIENCE TRANSITIONAL JOBS INTERNSHIP

APPROVED POSITIONS: Youths Adults Dislocated workers

Position	Youths	Adult	Dislocated Worker	Rate	Hours	Amount
						\$
\$						\$

PLACEMENT AND PERFORMANCE INFORMATION

NUMBER OF PARTICIPANTS:

ASSIGNED RETENTION PERCENTAGE
COMPLETED PLACEMENT PERCENTAGE
PLACED

LOCAL AREA APPROVAL

RECOMMENDED BY:

ALDLSUREST'S REPRESENTATIVE

DATE

APPROVED BY:

LUIS E. GONZÁLEZ TORRES, EXECUTIVE DIRECTOR

DATE

ELIGIBILITY FOR TRANSITIONAL JOBS ACTIVITY

Social Security	Name	Initial	Last Name	Mother's Surname

ELIGIBILITY CHARACTERISTICS FOR TRANSITIONAL JOBS

Criterion 1 – Time unemployed

Participant's current status Employed Full-time Part time
 Unemployed Time unemployed
 Last employer's letter Unemployment
 Self-certification

Comments: _____

ELIGIBLE BASED ON CRITERION 1: Yes No Lack of evidence

Criterion 2 – Inconsistent Job History

1. Employer: Position:
 Reason of termination: Duration:

2. Employer: Position:
 Reason of termination: Duration:

3. Employer: Position:
 Reason of termination: Duration:

4. Employer: Position:
 Reason of termination: Duration:

SUMMARY: JOBS LASTING LESS THAN 6 MONTHS AND NONRELATED:
 Comments: _____

ELIGIBLE BASED ON CRITERION 2: Yes No Lack of evidence

Participant's Signature	Date
Name of Authorized Official	Authorized Official's Signature