**WORKSITE INFORMATION**

Name of Worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Review Date: \_\_\_\_\_\_\_\_\_

**GENERAL ASSESSMENT**

*[Assessment Source: worksite agreement / interview questions / observation]*

1. Working conditions are safe and sanitary. (Yes / No)
2. There is no evidence that individual(s) have been laid off from the same or substantially equivalent job as any worker-trainee’s job (Yes / No)
3. There is evidence that the worksite provided job experience, skill acquisition and meaningful work to the worker-trainees (Yes / No)
4. There is evidence that the worksite mentored and supervised worker-trainees to ensure skill and experience acquisition adequate to pursue employment (Yes / No)

**WORKSITE PROGRAM MANAGEMENT**

*[Assessment Source: worksite agreement / interview questions / observation]*

1. There is evidence that the worksite has prepared the mandatory Participant Wage Timesheets Form in a customary businesslike fashion, ensuring accuracy as to the hours worked (Yes / No)
2. There is evidence that worksite has provided the worker-trainees with not more than 40 hours per week (Yes / No)
3. There is evidence that worksites are accessible to participants. (Yes / No)
4. There is evidence that the worksite has abided by all of the Illinois EPIC Program requirements including: (Yes/No)
5. Worksites have not employed family members as part of the Illinois EPIC program.
6. Worksites are not engaging in a prohibited activity or industry as defined by the worksite agreement.
7. Worksites have only placed Illinois EPIC worker-trainees into positions that would not exist but for the Illinois EPIC program. Worksites may not fill positions that were vacated due to layoff or furlough with Illinois EPIC participants, and may not reduce hours of existing employees in order to employ Illinois EPIC worker-trainees.
8. Worksites have complied with all applicable labor laws.

* *Grantee must ensure worksites for participants adhere to applicable federal/state labor laws.*

1. Illinois EPIC worker-trainees do not comprise more than 50% of the business' workforce at each worksite.
2. Worksites will consider Illinois EPIC worker-trainees for unsubsidized positions at the end the Illinois EPIC program as they are able. [Providing unsubsidized employment for worker-trainees is not a requirement of the program.]
3. Worksites have provided a valid DUNS number and Federal Employer Identification Number.

**MONITORING QUESTIONS**

1. The worksite is in compliance with the worksite agreement. (YES / NO)
2. The Participant Wage Timesheets are completed accurately and submitted on according to schedule to insure timely payment to the work-trainee and in accordance with the worksite agreement. (YES/NO)

[IF NO – FINDING]

The Worksite is not in compliance with the worksite agreement and/or State Regulations.

[CORRECTIVE ACTION]

The Grantee must either bring the worksite, payments to customer, or job duties into compliance or terminate the worksite from the program. Evidence must be submitted to the Bureau for review of compliance with corrective action measures.

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Worksite Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Assessment**

1. When did the participant(s) begin working? (Date should not be prior to the execution of the worksite agreement)
2. How many work-trainees have been assigned to this worksite?
3. How many employees are assigned to this worksite? *(Include full-time, part-time, and contractual employees. Do not include work-trainees.)*
4. Have any of the non-Illinois EPIC employees had their hours reduced or been laid off within the last 120 days?
5. How are the participants hours of work tracked? (i.e. timesheets, punch card, time clock)
6. Are you satisfied with the worker trainee(s)? (i.e. timely, productive, attitude, etc.)

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Worker Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worker Trainee Evaluation**

1. What, if any, new skills have been learned as a result of this job/training?
2. Are you engaged in any political/religious activities? (i.e. handing out union cards, asking for votes for union activities; participating in religious services, decorating altars, etc.)
3. How are your work hours recorded (time card / sign-in sheet / Other (specify))
4. What are your work hours?
5. When do you receive paychecks (weekly, twice monthly, other)
6. Are your paychecks on time?
7. When did you begin your work experience? (day/month)

The job duties are in line with the worksite agreement? (Answer this question based on the review of the worksite agreement and on-site job duties.)