

## WORK EXPERIENCE PROGRAM (WEP) AGREEMENT

For NHEP REPRESENTATIVE USE ONLY ☐ CWEP ☐ AWEF

This agreement outlines the responsibilities between the New Hampshire Employment Program (NHEP), the WEP participant named below, and \_\_\_\_\_, hereinafter called the "WEP work host". By signing this agreement, the parties involved agree to the reporting requirements, the general provisions, and the work experience description contained in this agreement.

### WEP Work Host

Name: \_\_\_\_\_  
Host Site  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### NHEP Representative

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

\_\_\_\_\_  
WEP Work Host Authorized Signature

\_\_\_\_\_  
NHEP Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Work Place Career Center/NHEP Office

\_\_\_\_\_  
Title/Date

\_\_\_\_\_  
Date

### REPORTING REQUIREMENTS

#### The WEP work host agrees to:

1. Verify the WEP participant's daily attendance log on a weekly basis;
2. Provide daily supervision, including direction and monitoring of the WEP participant's performance. Immediate contact with the NHEP Representative named above is required if the WEP participant is not attending as scheduled and/or not performing satisfactorily;
3. Contact the NHEP Representative named above if the WEP participant fails or neglects to comply with the requirements of this agreement;
4. Inform the NHEP Representative named above of any changes to the conditions of this agreement;
5. Maintain confidentiality of information regarding the WEP participant and their family and their receipt of financial assistance; and
6. Help establish a WEP agreement which typically runs for up to 16 weeks, but may be shorter or longer. NHEP, the WEP participant, and the WEP work host reserve the right to terminate this agreement at any time.

### GENERAL PROVISIONS

#### The WEP work host declares that:

1. They are not knowingly in violation of any federal, state, or local law;
2. They are not utilizing the WEP participant to fill a job opening that is vacant because the former occupant is on strike or is being locked out in the course of a labor dispute;
3. They will notify the NHEP Representative immediately in the event of a strike or labor dispute;
4. They have notified NHEP Representative of any existing strike or labor dispute;
5. WEP participants will be subject to the same working conditions as the WEP work host's employees and will not be required or permitted to work or be trained under conditions that are unsanitary, hazardous, or dangerous to the WEP participant's health and safety;
6. Their policies are in accordance with existing federal and state Civil Rights legislation;
7. WEP participants may not fill established, unfilled position vacancies nor displace those currently employed;
8. They understand that an employer-employee relationship is not being created between the WEP work host and the WEP participant by this agreement and no wages are to be paid for time spent in this program by the WEP work host;
9. In accordance with RSA 167:91-a, WEP participants are eligible for benefits available under the Workers' Compensation law; and
10. WEP participants shall receive protections regarding sexual harassment and work conditions, not related to compensation and benefits, which are available to regular employees in that work place, such as safe environment, non-discrimination, and adequate rest and meal periods (RSA 167:91-a,III).

## WORK EXPERIENCE PROGRAM (WEP) AGREEMENT

WEP PARTICIPANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Career Path: \_\_\_\_\_

### WORK EXPERIENCE DESCRIPTION

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Describe the duties/responsibilities to be performed: \_\_\_\_\_

Identify the skills to be attained by the participant: \_\_\_\_\_

Total number of hours to be worked per week: ☐ 20 hrs ☐ 30 hrs ☐ Other: \_\_\_\_\_ hrs

MAXIMUM WEEKLY FLSA HOURS ALLOWED FOR A 4-WEEK MONTH: \_\_\_\_\_

Weekly Schedule:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Daily Start Time:							
Daily End Time:							

MAXIMUM WEEKLY FLSA HOURS ALLOWED FOR A 5-WEEK MONTH: \_\_\_\_\_

Weekly Schedule:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Daily Start Time:							
Daily End Time:							

Begin date: \_\_\_\_\_ Anticipated end date: \_\_\_\_\_

I have read and understand the Work Experience Program description. I agree to perform the duties and responsibilities for the scheduled hours as described above. I understand that the WEP work host will provide an evaluation of my performance to NHEP. I have also been provided with copies of Form NHEP101, *Your Rights in the Workplace*, and Form NHEP102, *Notice About Workers' Compensation Coverage*, and understand my rights and obligations to obtain these benefits.

\_\_\_\_\_  
WEP Participant's Signature

\_\_\_\_\_  
Date

NH DHHS, NH Employment Security, and NH Community Action Agencies are Equal Opportunity  
Employers and comply with the American Disabilities Act. TTY Access: Relay NH 1-800-735-2964 or 711