

Worksite Monitoring Record For Transitional Jobs or Work Based Learning / Work Experience

Date: _____ Employment Period: _____

Participant's Name: _____ State ID # _____

Organization Type:

Private For Profit Non-Profit Public Sector

Job Site Address: _____

Position: _____

Duration (Hours): _____ Start/End Date: _____

Verification of Safety Training Dated All Signatures

Training Plan Primary Task Secondary Task

Worksite Supervisor's Signature Date: _____

Participant Signature Date: _____

Mid-Point Evaluation Date: _____ All Signatures

Time Sheets signed and dated after the fact by Participant and Supervisor

Does the employment match with participant's identified career interests and goals? Yes No
If not, please explain:

All employers must comply with the Center for Disease Control and Prevention's (CDC) guidelines for preventing the spread of COVID-19. Violation of guidelines will result in the suspension or termination of the Transitional Job or Work Experience.

Everyone Should:

- Wash their hands frequently with soap and water for at least 20 seconds. If soap and water **are not readily available, use a hand sanitizer that contains at least 60% alcohol** covering all surfaces of the hands and rub them together until they feel dry.
- Avoid touching their eyes, nose, and mouth with unwashed hands.
- Avoid close contact: Stay at least 6 feet (about 2 arms' length) from anyone that has been exposed to a COVID-19 case, unvaccinated, and cannot wear a face covering due to a certified health condition.
- Wear a Mask: cover mouth and nose with a cloth face cover when around others who have not been vaccinated. Unvaccinated persons will need to wear a mask unless they are:
 - ⊖ Alone in a room
 - ⊖ Eating or drinking, provided they are 6 feet apart from others, or
 - ⊖ Medically excused from wearing a mask

- Cover coughs and sneezes: always cover mouth and nose with a tissue when coughing or sneezing or use the inside of the elbow and do not spit. Throw used tissues in the trash, and wash hands immediately with soap and water for at least 20 seconds.
- Clean AND disinfect frequently touched surfaces daily.
- Monitor health symptoms: watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- If feeling ill or have COVID-19 Symptoms (such as new or worsening cough, sore throat, or fever), stay at home, monitor symptoms, and seek medical assistance when necessary.

Does the employer comply with the Center for Disease Control and Prevention's (CDC) guidelines for preventing the spread of COVID-19? Yes No

If not, please explain:

Are mandated American's with Disabilities Act and Department of Fair Employment Practices Act information posted? Yes No

Are posted health and safety regulations being adhered to? Yes No

If No is checked for the above two (2) questions, please explain:

Printed Name of Monitor: _____

Signature of Monitor: _____

Date: _____