



# Worksite Supervisor Orientation



As the Worksite supervisor of one or more participants, a representative has provided me with information in the following areas, and I understand and agree to:

- Purpose of the DRJP, including but not limited to:
  - Work is temporary at 2,080 hours
  - Safety equipment issued to the participant must be tracked by the participant
  - No DRJP participant can begin work without proper safety training, tetanus shots, and a physical examination
  - DRJP participants are to be treated as any other full-time employees with regards to dress, disciplinary actions, attendance, etc. and the individual Worksite’s requirements must be relayed to the participant
  - Worksite Agreement and General Assurances
  
- Requirement for reporting Worksite injuries of DRJP participants
  
- Evaluations and/or Promotions
  
- Responsibility to follow participant’s payroll procedures
  - Daily recording of work hours
  - Timesheet completion
  - Timesheet submission
  - Payroll processing (check delivery)
  
- Confidentiality
  
- Complaint and grievance procedures
  
- Program monitoring and my responsibilities

Program Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

By signing this I am attesting that program staff has reviewed the above information with me and I understand my roles and responsibilities as a Worksite supervisor.

Worksite Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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