

Appendix A

Jobs League Eligibility Guidelines

Individual must provide:

1. Proof of Social Security Number
2. Age
3. Citizenship
4. Selective service (if applicable)

Determining family size for income guidelines

1. All persons living in the same household who are related by blood, marriage or adoption
2. Adult children who continue to live at home with their parents are considered to be part of the family for this purpose and their income must be counted in determining total family income.
3. A dependent child who is living outside of the home (for example: a student living in student housing) is considered for these purposes to be part of the family upon which he/she is dependent.
4. Foster children are considered a family of one.
5. Federal Poverty Level Guidelines: April 1, 2025.

<u>Household Size</u>	<u>Gross Monthly Income</u>
1	2413
2	3261
3	4109
4	4957
5	5805
6	6653
7	7501
8	8349

For each Additional household member add \$847 after 8 members.

Please see this link to determine 185% federal poverty level for household size: (Please use the 185% Federal Poverty Level line) <https://dssmanuals.mo.gov/wp-content/uploads/2019/03/MAGIappendix-a.pdf>

Appendix B

INCLUDABLE/EXCLUDABLE INCOME SOURCES

INCLUDE IN TANF INCOME CALCULATION	DO NOT INCLUDE IN TANF INCOME CALCULATION
Adoption Subsidy Maintenance Payment	Bureau Of Indian Affairs
Alien Sponsor Contribution	WIOA Student Tuition
Alimony	Student Assistance Title IV (PELL)
Alimony Arrearages	Vet's Education Assist - Childcare Compensation
Allotment – Community Spouse	Americorps – Not National Civilian Community Corp
Allotment – Military	Disaster Payments
Allotment– Minor Living Outside The Household	Domestic Volunteer Service Act – Not Americorps Or Vista
Allotment– Minor/Dependent	WIOA Work Experience
Americorps – National Civilian Community Corp	Vista
Annuities	Work Study – Title IV Funded (PELL)
Black Lung Benefits	YouthBuild Payments
Blind Pension	Agent Orange Aetna
Bonuses	Agent Orange Veteran's Benefits
Child Support	Bona Fide Loan (Not Student Loans)
Child Support Arrearages	Bureau Of Indian Affairs
Commissions	Chaffee Foster Care To A Third Party
Compensation In Lieu Of Wages	Child Nutrition Act Of 1966
Contributions	Crime Victim's Fund
Department of Mental Health Payments	Temporary Assistance Payments
Disability Benefits	Non-Profit Donations
Dividend/Royalty	Disaster Payments – Not Act Of 1988
Farm Income	Federal Energy Assistance
Foster Care Payments	Experimental Housing Allowance
Gifts	Supplemental Aid To The Blind
Graduate Student	HUD Vendor Payments
Green Thumb – Title V Senior Community Ser Emp	Housing Cash Assistance Or Voucher
Guardianship Subsidy	Income In Kind/Vendor Home
Incentive Payments To Encourage Activity	Job Corps Training Related Expenses
Job Corps Living Allowance/Allotment	WIOA Supportive Services
Lottery/Gambling Winnings	Missouri Senior Citizens Tax Credit
Military Deployment To Combat Zone	Supplemental Nursing Care
Military Retirement	Alaskan Native Claims Settlement Act Payment
Non-Bona Fide Loan	Payments From Missouri Family Trust Fund
Notes Receivable	Payments Held In Trust By Secint For Indians
Nursing Home Insurance Payments	Relocation Assistance
On The Job Training Wages	Radiation Payments
Railroad Retirement	Reimbursement Not Exceeding Actual Expenses
Refugee Cash Assistance	Reduction – Refusal To Comply With Program Requirements
Reimbursement For Living Expenses	Restitution Payments – Aleuts/Pribilofs
Rental – Working More Than 20 Hours/Week	Reimbursement Exceeding Actual Expenses
Restitution Payments – Japanese	Supplemental Security Income
Ricky Ray Hemophilia Fund	Children Of Vietnam Veterans With Spina Bifida
Room/Board	Section 8 Rent And Utilities Subsidies
Sale Of Blood/Plasma	Earned Income Tax Credits
Self-Employment	Trade Adjustment Assistance - Not For

INCLUDE IN TANF INCOME CALCULATION	DO NOT INCLUDE IN TANF INCOME CALCULATION
Severance Pay	Vocational Rehabilitation Payments
Sheltered Workshop	Volunteer Work
Social Security	Living Expenses
Strike Benefits	
Student Assistance Not Title IV Funded (PELL)	
Subsidized Employment – Block Grant Funded	
Tips	
Trade Adjustment Assistance For Living Expenses	
Training Allowance	
Trust Fund	
Unemployment Compensation	
Union Fund/Pension Benefits/Retirement	
Vet's Education Assistance – Not Childcare Compensation	
Veteran's Administration Benefits	
Wages	
Work Programs Incentive Payments	
Work Study – Not Title Iv Funded	
Worker's Compensation	

Appendix C

WORKSITE AGREEMENT- General Assurances

This Agreement Is made between (1) _____ hereafter called AGENCY, and (2) _____ hereafter called EMPLOYER . These parties agree that the EMPLOYER			
Shall provide meaningful work experience and supervision to participant(s) In accordance with the General Assurances and the Training Plan which are part of this contract.			
EMPLOYER INFORMATION	Company Name:		
	Federal Employer ID Number {FEIN}		
	Address		
	City, State, Zip Code		
	Telephone Number		
	Contact Person		
	Collective Bargaining Agent (If Applicable)		
	Location of Training Facility		
	TRAINING OCCUPATIONS	NUMBER OF PARTICIPANTS	SUPERVISOR NAME
WORK EXPERIENCE INFORMATION			
Signature of Employer/Authorized Representative	Type/Print Name	Title	Date
Authorized Agency Signature		Type/ Print Name	Title Date

MISSOURI JOBS LEAGUE PROGRAM

WORKSITE AGREEMENT

General Assurances

- The EMPLOYER agrees to provide constructive and meaningful work experience and training activities for the youth participant as follows and ensure that:
 - Each worksite supervisor shall be provided a Supervisor Orientation for the program
 - The participant duties and activities are described in the training plan
- The EMPLOYER shall provide the participant with a formal orientation to the requirements of the job, work rules, expectations, hours of work, and any other special requirements of the EMPLOYER.
- The worksite will provide a sufficient quantity of work/training to fully occupy participant;
- The worksite will provide all necessary materials, supplies and equipment for the purpose of completing assigned tasks;
- The worksite shall ensure consistent supervision of participants and of tasks performed;
- The worksite supervisor shall maintain close liaison with program staff

Regarding:

- Participant performance and behavior
 - Immediate notification of Irregular or lack of attendance
 - Immediate notification of injury on the job
- The EMPLOYER shall be responsible for reporting termination of participants to the AGENCY immediately.
- The EMPLOYER agrees to provide the instruction, supervision of employees, equipment tools, etc. that are necessary for the participant to conduct their job duties.
- The EMPLOYER will agree to absorb the financial liability for any costs that may result from participant damage
- Ensure that accurate time and attendance records are completed on a daily basis and that the hours recorded will only reflect the hours the participant worked.
- **MONITORING:** The EMPLOYER understands that the Department of Social Services or other such related agencies may monitor this worksite to ensure compliance with rules and regulations.
- **EMPLOYEE DISPLACEMENT/REPLACEMENT:** No participants shall displace

(Including a partial displacement, such as a reduction in the hours of non-over-time work, wages, or employment benefits) any currently employed employee (as of date of participation). A participant in a program or activity may not be employed in or assigned to a job if:

- Any other individual is on layoff from the same or any substantially equivalent job;
- The EMPLOYER has terminated the employment of any regular, unsubsidized employee or otherwise caused an involuntary reduction in its workforce with the intention of filling the vacancy so created with the participant; or
- The job is created in a promotional line that infringes in any way on the promotional opportunities of current employed workers.

- Regular employees and program participants alleging displacement may file a complaint under the applicable grievance procedures
- **WORKERS COMPENSATION:** The AGENCY is responsible for job related injuries to the participant and will provide insurance through Workers Compensation or other adequate medical and accident insurance. The EMPLOYER/worksites supervisor MUST contact the program staff immediately upon a workplace injury of a participant and complete the necessary forms.
- **HEALTH AND SAFETY:** No participant will be permitted to work or train in buildings or surroundings under working conditions that are unsanitary, hazardous, or dangerous to the participant's health or safety. Participants employed or trained in inherently dangerous occupations shall be assigned to work in accordance with reasonable safety practices.
 - The EMPLOYER agrees to maintain sanitary facilities, safe working conditions,

Within a drug-free workplace and compliance with the OSHA and Child Labor Laws and age laws of the Fair Labor Standards Act (FLSA) provided to the training site by the program staff.

- **INAPPROPRIATE ACTIVITIES:** Will not place youth in unapproved activities. If youth are assigned to unapproved activities, participant(s) will be immediately removed from training site. Training site assumes full responsibility and liability for those youth engaged in unapproved activities.
- **SECTARIAN ACTIVITIES:** Under 29 CFR 37.6(Q), the employment or training of participants in sectarian activities is prohibited, except with respect to the maintenance of a facility that is not primarily or inherently devoted to sectarian instruction or religious worship, in a case in which the organization operating the facility is part of a program or activity providing services to participants.
- Employment or training of participants in sectarian activities is prohibited. This limitation is more fully described at 29 CFR 37.6(f) (1). (2) Under 29 CFR 37.6(n) (1), participants must not be employed to carry out the construction, operation, or maintenance of any part of any facility that is used or to be used for sectarian instruction or as a place for religious worship.
- **NEPOTISM:** No participant may be placed in an employment activity if a member of that person's immediate family is directly supervised by or directly supervises that individual.
- **UNION COMPLIANCE:** The EMPLOYER/AGENCY will ensure this work experience will not impair existing contracts for services or collective bargaining agreements. When a program or activity would be inconsistent with a collective bargaining agreement, the appropriate labor organization and employer must provide written concurrence before the program or activity begins.
- **DISCLOSURE OF CONFIDENTIAL INFORMATION:** The EMPLOYER agrees to maintain the confidentiality of any information regarding applicants and participants, or their families, which may be obtained through application forms, Interviews, tests, reports from public agencies, counselors or any other source.
- **EQUAL OPPORTUNITY:** The EMPLOYER agrees not to discriminate against

Any participant because of age, race, creed, color, religion, political belief or affiliation, sex, national origin, ancestry or disability. The EMPLOYER further agrees that it will take affirmative action to ensure that applicants are employed, and that employees are treated without discrimination during employment, upgrading, de- motion or transfer, recruitment or recruitment advertising; layoff or terminations, rates of pay or other forms of compensation and selection for training, including apprenticeship.

- **AMERICAN WITH DISABILITIES ACT:** The EMPLOYER shall comply with the Americans with Disabilities Act of 1991, Public Law 101-336, or as amended and associated code of federal regulations published in the Federal Register as applicable to the EMPLOYER directly or indirectly as recipients of contracted funds from the State of Missouri.

- **The EMPLOYER** will perform its duties in accordance with the regulations, procedures and standards promulgated there under, as well as any subsequent legislation, regulations, procedures and standards enacted in substitution or in addition thereto.
- **RELATIONSHIP OF PARTIES:** The EMPLOYER does not become the agent of the AGENCY for *any* purpose pursuant to this contract and will make no representation of any such agency. In agreeing to employ and provide training for participant, the EMPLOYER understands that this does not make the participant an employee or agent of the AGENCY.
- **TERMINATION OF AGREEMENT:** The performance of work under this agreement may be terminated by the AGENCY when, for any reason, it is determined that such termination is in the best interest of the program. Termination may also occur when it has been determined that the EMPLOYER has failed to provide any of the training specified **or** failed to comply with any of the other provisions contained in the agreement.
- **AVAILABILITY OF FUNDS:** This contract is predicated on the continuing avail- ability of funding from the Department of Social Services.

Employer Initials_____

Appendix D

Worksite Agreement Training Plan

Participant Name: _____

Participant Contact Info: _____

Guardian: _____

Phone Number: _____

Employer: _____

Training facility address: _____

Phone number: _____

Occupation: _____

Start date: _____

Tentative end date: _____

Work schedule: _____

Total hours per week: _____

Supervisor(s): _____

Supervisor contact information: _____

Wage rate: _____

Duties assigned

Skills to be learned:

Appendix E

WORKSITE AGREEMENT-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:

1. The purpose of the program
2. Worksite Agreement and General Assurances
3. Participant Training Plan
4. The Child Labor provisions of the Fair Labor Standards Act
5. Participant Orientation (expectations, dress code, etc.)
6. The importance of providing quality and adequate supervision
7. Workplace safety and workers compensation - reporting participant work injuries
8. Responsibility to follow participant's payroll procedures
 - a. Daily recording of work hours
 - b. Timesheet completion
 - c. Timesheet submission
 - d. Payroll processing (check delivery)
9. Participant Attendance (reporting changes in work schedules, tardiness, absences, etc.)
10. Participant performance and reporting participant performance issues
11. Termination (when necessary)
12. Confidentiality
13. Complaint and grievance procedures
14. 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 _____

Participant Signature

Signature of Employer or Authorized Representative

Appendix F

Participant Orientation

An initial orientation to the program and work readiness component expectations must be explained along with other available services at the time of enrollment before the youth's summer work experience begins. The items to be included in orientation are:

1. purpose of the program
2. information on all available services, including supportive services;
3. expectations of workplace behavior (maintaining punctuality and regular attendance);
4. understanding confidentiality, appropriate behavior and sensitivity to other worksite staff (diversity, sexual harassment), drug and alcohol abuse policies, health and safety issues, worksite completion of forms, and contact person and phone number for their individual case worker;
5. the WIOA Complaint and Grievance Guide (sign a copy, and be given a copy for their own records);
6. Release of Information form;
7. Training plan: Job title, job duties and responsibilities; length of training; work/class schedule; direct and/or indirect supervisor and their responsibilities;
8. Rate of pay and frequency
9. Timesheet completion and distribution of checks
10. Contact person _____
11. Participant responsibilities;
12. Child labor laws (if applicable);
13. Safety and worker's compensation;
14. Counseling/monitoring visits.

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 program participant.

Participant Signature _____ Date _____

Appendix G

Timesheet

Participant name: _____

Worksite: _____ Last 4 digits of Social Security #: _____

Pay Period From: _____ to _____

Date:		Date:		Date:		Date:		Date:	
Time in	Time out	Time in	Time out	Time in	Time out	Time in	Time out	Time in	Time out
Total hours		Total hours		Total hours		Total hours		Total hours	

Date:		Date:		Date:		Date:		Date:	
Time in	Time out	Time in	Time in		Time out	Time in	Time out	Time in	Time out
Total hours		Total hours		Total hours		Total hours		Total hours	

Date:		Date:		Date:		Date:		Date:	
Time in	Time out	Time in	Time out	Time in	Time out	Time in	Time out	Time in	Time out
Total hours		Total hours		Total hours		Total hours		Total hours	

Date:		Date:	
Time in	Time out	Time in	Time out
Total hours		Total hours	

TOTAL HOURS FOR Pay Period: _____

I certify that I have reviewed this timesheet and verify that I have worked the hours reported above.

Participant Signature Printed Name Date

I certify that the hours recorded on this timesheet are accurate.

Supervisor Signature Printed Name of Supervisor Date

For Office Use Only

Total Hours Paid:	Date Paid:
Check Number:	

Appendix H

MISSOURI SUMMER YOUTH WORK READINESS ASSESSMENT

EMPLOYER NAME:		EMPLOYEE EVALUATION			
Participant Name:		Worksite:			
Participant Job Title:		Worksite Supervisor/Reviewer:			
Start Date:		Review Date #1:		Review Date #2:	
FOUNDATION SKILL	PERFORMANCE EXPECTATIONS	Performance Improvement Plan Needed (1)	Needs Development t (2)	Proficient (3)	Exemplary (4)
See page 3 for more detailed grading descriptions					
ATTENDANCE	Understanding work expectations for attendance and adhering to them. Notifying supervisor in advance in case of absence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUNCTUALITY	Understanding work expectations for punctuality. Arriving on time for work, taking and returning from breaks on time, and calling supervisor prior to being late.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKPLACE APPEARANCE	Dressing appropriately for position and duties. Practicing personal hygiene appropriate for position and duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAKING INITIATIVE	Participating fully in task or project from initiation to completion. Initiating interaction with supervisor for next task upon completion of previous one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY OF WORK	Giving best effort, evaluating own work, and utilizing feedback to improve work performance. Striving to meet quality standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	Speaking clearly and communicating effectively – verbally and non-verbally. Listening attentively. Using language appropriate for work environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO SUPERVISION	Accepting direction, feedback, and constructive criticism with positive attitude and using information to improve work performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK	Relating positively with co-workers. Working productively with individuals and teams. Respecting diversity in race, gender, and culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM-SOLVING/ CRITICAL-THINKING	Exercising sound reasoning and analytical thinking. Using knowledge and information from job to solve workplace problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKPLACE CULTURE POLICY AND SAFETY	Demonstrating understanding of workplace culture and policy. Complying with health and safety rules. Exhibiting integrity and honesty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Employers may add as many or few additional skills as they see fit based on the position.</i>	TOTAL SCORE _____ (add 4-box total; average score = total/# of skills)	# checked X 1 Total: _____	# checked X 2 Total: _____	# checked X 3 Total: _____	# checked X 4 Total: _____
To meet work readiness skill attainment: (1) * employee must have an overall average score that is “proficient” (3.0) or employee must meet “proficient” standard in 80% of the total categories listed. (2) supervisor MUST verify that performance on job was satisfactory. (3) employee must not have been fired from this work experience. <i>*Examples: If there are 10 skill categories, participant must have a minimum score of 30 (3 x 10) out of a possible 40 or be proficient in at least 8 of the 10 categories. If an employer chose 15 skills to measure, participants would need minimum score of 45 (3 X15) out of a possible 60 or be proficient in at least 12 of the 15 categories.</i>		Employee had satisfactory work performance and has met minimum total score: Employer Signature: _____ Employee Signature _____ Date: _____ (see page 2 for comments)			

Review Comments/Goals:

Employer Initials: _____

TIPS FOR IMPLEMENTING WORK READINESS TOOL

- **FLEXIBILITY:** This work readiness tool is modifiable to best meet employer's needs. Ten foundation skills have already been listed. Employers may measure all or most of these skills and are also encouraged to add any additional workplace and career skills.
- **SAMPLE SKILLS:** Listed below are examples of potential additional skills.

Occupation/Technical Skills	Academic Skills	Leadership Skills	Business Skills
-- Occupation-specific skills -- Industry-sector skills -- Industry-wide skills -- Understanding all aspects of an industry	-- Written communication -- Reading and reviewing -- Mathematics and data analysis -- STEM: science, technology, engineering, and mathematics -- Basic computer skills	-- Leadership -- Creative thinking/innovation -- Project management -- Teaching and instructing	-- Customer service skills -- Telephone skills -- Planning and organizing -- Scheduling & coordinating -- Using computer applications

- **PREPARATION:** Employers should review tool with the youth on or prior to the first day of the work experience. Depending on the number of youth at a worksite and the employer's discretion, this can be done as part of an employer-led group orientation or individually with each young worker. At the conclusion, each youth should have a clear understanding of their job description and expectations, what work readiness skills they will be measured on, and how often they will be measured.
- **FREQUENCY:** It is recommended that employers conduct more than one evaluation. Benefits of administering bi-weekly or "mid-point" assessments include the ability for employers to: offer youth constructive feedback; formally recognize positive work performances; address small issues before they become larger ones; and formally communicate youth performance with local program staff to ensure added support. An additional benefit is that local areas may be able to document the work readiness progress if a participant who has already proven to be proficient in work readiness leaves the program prior to its end.
- **FIRST EVALUATION:** The first evaluation can also be used as a helpful diagnostic and developmental tool that is maximized when delivered within the first two or three weeks. For participants experiencing challenges and have received a "1" in any category, a performance improvement plan should outline a set of goals in the comment section. In the past, some employers have had youth first assess their own performance and use any gaps in assessments to promote positive communication.
- **GRADING SCALE:** A grading scale of foundation skills has been listed on page 3 for employer convenience. To add any additional skills, employers can copy the language in the "general key" and modify as they see fit.
- **SUPPORT:** Local area program staff are available to make evaluation process as simple and seamless as possible. Through employer orientations, worksite monitoring, and on-going communication, summer youth program staff are available to address any outstanding questions or concerns by the employer. They may also be available to assist with job descriptions, and provide additional supportive work readiness training to participants. Program staff can be reached at

Sources: Tool content and design is based on three general sources encompassing public study, private research, and practical local application.

(1) US Dept. of Labor – ETA's "Building Blocks for Competency Models" http://www.careeronestop.org/CompetencyModel/pyramid_definition.aspx

(2) Employer research collaboration of The Conference Board, Partnership for 21st Century Skills, Corporate Voices, & Society for HR Management includes online-accessible reports: "New Graduates' Workforce Readiness", "Are They Really Ready to Work?", and "The Ill-Prepared US Workforce".

(3) Sample tool design is based most closely on the Massachusetts Work-Based Learning Plan (<http://www.skillslibrary.com/wbl.htm>). The Seattle King County's Learning and Employability Profile, and other tools from the 2009 Summer Youth Employment Initiative under the American Recovery and Reinvestment Act were also utilized. For more info, see: "Tips on Measuring Work Readiness" www.workforce3one.org/view/5000910643776065645/info

Appendix I

Employee Evaluation Grading Scale

ATTENDANCE

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Excessive absences consistently impact work performance. Additional training is needed.	Below 90% attendance, but participant seeks out opportunities to make up missed work.	Maintains 90% attendance and notifies supervisor ahead of time prior to absence.	100% attendance or missed one day with valid reason that did not occur during first two weeks.

PUNCTUALITY

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Excessive lateness consistently impacts work performance. Additional training is needed.	Inconsistent in arriving to work, returning from breaks on time, and calling supervisor prior to lateness.	Arrives to work & returns from breaks on time with rare exception. If late, calls supervisor ahead of time.	Perfect or near perfect in arriving for work and returning from breaks on time. Model for other workers.

WORKPLACE APPEARANCE

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Has not yet demonstrated appropriate appearance and/or personal hygiene for position and duties.	Inconsistent in demonstrating appropriate appearance and/or personal hygiene for workplace.	Dresses appropriately and practices hygiene for position and duties with rare exception.	Consistent display of professional appearance and hygiene serves as a model for other workers.

TAKING INITIATIVE

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Reluctant to begin tasks without significant staff intervention. Needs frequent reminders. Additional training may be needed.	Inconsistently begins or remains on task. Needs occasional prompting. Often satisfied with bare minimum performance.	Begins and remains on task until completion with rare exception. Can work independently. Initiates interaction for next task.	Consistently begins/remains on task until completion, and initiates interaction for next task. Can work independently, and leads others.

QUALITY OF WORK

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Has not yet given best effort. Rarely Evaluates work and utilizes feedback. Completes work inconsistently. Additional training may be needed.	Uneven work quality. Sometimes evaluates own work and utilizes feedback, but inconsistent in meeting quality standards.	Quality of work meets Expectations. Evaluates own work, and utilizes employer feedback to improve performance.	Quality of work often exceeds Expectations. Consistently gives best effort. Evaluates own work and utilizes employer feedback.

COMMUNICATION SKILLS

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Seldom speaks clearly or listens attentively. Repeatedly uses inappropriate language for the workplace. May need additional training and support.	Inconsistent in communicating in manner and language appropriate for workplace. Inconsistent in effort to speak clearly or listen attentively.	Demonstrates positive oral and non-verbal communication with rare exception. Listens attentively and uses language appropriate for workplace.	Consistently demonstrates positive oral/non-verbal communication skills. Speaks clearly and listens attentively, Can effectively present to a group if needed.

RESPONSE TO SUPERVISION

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Reluctant to accept feedback and constructive criticism from supervisor. Responds with poor verbal or non-verbal communication. Additional training may be necessary.	Inconsistent in accepting direction, feedback, and constructive criticism from supervisor. Shows potential for improvement.	Accepts direction and constructive criticism with positive attitude with rare exception. Uses feedback to improve work performance.	Consistently accepts direction and constructive criticism with positive attitude. Uses feedback to improve work performance, and provides new and useful ideas to employer.

TEAMWORK

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Has not yet demonstrated appropriate group behaviors. Improvement needed in treating others with respect. Rarely contributes to group efforts. Additional training may be necessary.	Inconsistent in promoting positive group behaviors amongst coworkers, and in contributing to group efforts. Shows potential for improvement.	Works well with co-workers, is respectful, and contributes to group efforts with rare exception. Respects diversity within the workplace.	Consistently facilitates positive group dynamics. Demonstrates leadership that plays a significant role in success of group efforts. Promotes larger group unity.

PROBLEM-SOLVING/CRITICAL THINKING

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Makes little or no effort to use knowledge learned from the job to solve workplace problems.	Inconsistent in using sound reasoning to solve work problems. Shows potential for improvement.	Uses sound reasoning, and job knowledge to solve workplace problems. Shows initiative in improving skills.	Consistently applies sound reasoning to solve work problems. Identifies potential problems before they can occur.

Appendix I

Employee Evaluation Grading Scale

WORKPLACE CULTURE, POLICY AND SAFETY

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Has not demonstrated understanding of workplace policies/ethics. Has not completed applicable training on workplace.	Inconsistent in demonstrating understanding of workplace culture, policies, and safety rules.	Demonstrates understanding of workplace policies. Completed safety training if applicable, and adheres to rules. Exhibits honesty and integrity.	Shows clear understanding of work policies and safety rules. Exhibits honesty and integrity. Has completed applicable safety trainings and has led coworkers.

GENERAL KEY

Perf. Improvement Plan Needed	Needs Development	Proficient	Exemplary
Is not yet demonstrating the skills required for the position and needs to have a formal plan for improving skills. May need additional training.	Inconsistent in demonstrating and developing skills for the position, but development is needed.	Demonstrates the skills required for the position with rare exception, and shows initiative in improving skills.	Consistently demonstrates skills required for the position. Often exceeds expectations and has emerged as leader that improves overall team.

Appendix J

Jobs League Providers-MO Jobs ID FY2024

Board	MO Jobs ID
Central Workforce Development Board	3323
Full Employment Council (FEC) use KC & Vicinity	3166
Jefferson/Franklin Consortium (Office of Job Training)	3617
WDB of North Missouri	4111
Ozark/City of Springfield	3139
South Central Workforce Board	3504
St. Louis City/SLATE	3169
St Louis County Dept. of Human Services	3674
Workforce Development Board of Southeast Missouri	3519
Workforce Investment Board of Southwest Region, Inc	3692

Jobs League Employment or Training Information

If participant receives TANF benefits, or is attempting to regaining eligibility, and has taken part in work or training in the past 30 days:

- Fill out this form to show participant’s work and/or training activities during the past 30 days. Complete as much of this form as you can.
- Attach copies of any papers that confirm participant’s activities (such as pay-stubs or school schedule).
- Send this form to the SkillUP inbox at SkillUP.Missouri@dss.mo.gov

YOUR INFORMATION

NAME	PHONE NUMBER	DCN (Required)	LAST 4 DIGITS OF SSN	
ADDRESS (STREET NAME AND NUMBER)		CITY	STATE	ZIP CODE

WORK ACTIVITY #1

NAME	PHONE NUMBER	START DATE	END DATE	
ADDRESS (STREET NAME AND NUMBER)		CITY	STATE	ZIP CODE
CURRENT POSITION	AMOUNT EARNED PER PAY PERIOD BEFORE ANY DEDUCTIONS (I.E. TAXES)			
PAY PERIOD (CHOOSE ONE) <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Other				
TYPE OF WORK IF APPLICABLE (CHOOSE ONE) <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Work Study <input type="checkbox"/> Americorps/Visa Stipend <input type="checkbox"/> Tips or Bonus <input type="checkbox"/> In Kind <input type="checkbox"/> Self-Employment <input type="checkbox"/> Commission				

COMPLETE THE SECTION BELOW FOR EACH PAYMENT YOU HAVE RECEIVED IN THE LAST 30 DAYS

DATE CHECK RECEIVED	RATE OF PAY DO NOT INCLUDED TIPS OR SICK/VACATION PAY	TOTAL HOURS WORKED	EARNINGS BEFORE DEDUCTIONS	TIPS	SICK OR VACATION PAY	OVERTIME AMOUNT INCLUDED IN RATE OF PAY

WORK ACTIVITY #2

NAME	PHONE NUMBER	START DATE	END DATE	
ADDRESS (STREET NAME AND NUMBER)		CITY	STATE	ZIP CODE
CURRENT POSITION	AMOUNT EARNED PER PAY PERIOD BEFORE ANY DEDUCTIONS (I.E. TAXES)			
PAY PERIOD (CHOOSE ONE) <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Other				
TYPE OF WORK IF APPLICABLE (CHOOSE ONE) <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Work Study <input type="checkbox"/> Americorps/Visa Stipend <input type="checkbox"/> Tips or Bonus <input type="checkbox"/> In Kind <input type="checkbox"/> Self-Employment <input type="checkbox"/> Commission				

COMPLETE THE SECTION BELOW FOR EACH PAYMENT YOU HAVE RECEIVED IN THE LAST 30 DAYS

DATE CHECK RECEIVED	RATE OF PAY DO NOT INCLUDED TIPS OR SICK/VACATION PAY	TOTAL HOURS WORKED	EARNINGS BEFORE DEDUCTIONS	TIPS	SICK OR VACATION PAY	OVERTIME AMOUNT INCLUDED IN RATE OF PAY

NAME (LAST, FIRST, MI)	Last 4 SSN and DCN (Required)
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TRAINING AND/OR WORKSHOP #1

TRAINING PROVIDER NAME/DWD WORKSHOP NAME (Required)	NO. HOURS IN TRAINING PER MONTH	DATES TRAINING STARTS/ENDS START _____ END _____
ARE YOU RECEIVING ANY EARNINGS FROM TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, LIST AMOUNT \$ _____	IF TRAINING PROVIDED BY A COLLEGE, LIST NAME AND ADDRESS OF COLLEGE	
FUNDING SOURCE (Mark appropriate boxes) SkillUP _____ WIOA _____ Financial Aid _____ Self-Pay _____		

TRAINING AND/OR WORKSHOP #2

TRAINING PROVIDER NAME/DWD WORKSHOP NAME (Required)	NO. HOURS IN TRAINING PER MONTH	DATES TRAINING STARTS/ENDS START _____ END _____
ARE YOU RECEIVING ANY EARNINGS FROM TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO • IF YES, LIST AMOUNT \$ _____	IF TRAINING PROVIDED BY A COLLEGE, LIST NAME AND ADDRESS OF COLLEGE	

EXEMPTION

I AM NOT AVAILABLE TO WORK OR TRAIN BECAUSE

RECEIVING UNEMPLOYMENT INSURANCE BENEFITS: <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER SERVICES

LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
LIST ANY JOB CENTER SERVICES RECEIVED	DATE	NUMBER OF HOURS
		TOTAL HOURS

You must initial on each of these statements indicating that everything stated is true.

- _____ • I understand that it is against the law to obtain or attempt to obtain benefits to which I am not entitled. Any false claim, statement or concealment of any material fact whatever, in whole or in part, may subject me to criminal and/or civil prosecution.
- _____ • I authorize the Director of Family Support division or his/her appointee to investigate and verify these circumstances and statements.
- _____ • I understand if I disagree with the decision concerning our eligibility, I may request a fair hearing by contacting the local Family Support office. This request must be received within 90 days of the eligibility decision.
- _____ • I understand that I must report any changes in circumstances within ten days of when they happen.
- _____ • I understand that I am entitled to fair and equal treatment regardless of race, color, religion, national origin, sex, ancestry, age, sexual orientation, veteran status, or disability.

SIGNATURE OF APPLICANT	DATE
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FOR INTERNAL USE ONLY

PROVIDER AGENCY AND CONTACT NUMBER	CITY
STAFF NAME	STAFF EMAIL