



RI Work Immersion Program for Unemployed Adults and RI Employers

Pre-Approval Form

Fiscal Year 2017: August 1, 2016 – June 30, 2017

The RI Work Immersion Program provides 50% wage reimbursements to RI employers that provide temporary work experiences to unemployed adults.

The employer must submit a completed pre-approval form and signed federal W-9 form (for the employer) to Sherri Carello of the Governor's Workforce Board at sherri.carello@dlt.ri.gov. **Funds will not be awarded for any wages paid prior to approval of the proposed paid internship. Pre-approval will be granted within two weeks of receipt of the form.**

WI-UI-17- _____

Part I – To be completed by employer

To find an unemployed adult interested in a temporary work experience, contact netWORKri, the Business Workforce Center, or a community-based provider of pre-employment services.

Employer Eligibility Requirements:

- For-profit, not-for-profit, or public sector employers doing business in RI
- Must be registered with the RI Secretary of State's Office ([Click here to check if your company is registered](#)); and
- Has not had more than 10 work immersion participants (students and/or unemployed adults) per fiscal year

Employer: _____ NAICS code (www.naics.com/search/): _____

Street address: _____ City: _____ State: _____ Zip: _____

Contact person: _____ Job title: _____

Email: _____ Phone: _____ ext. _____

Fax: _____

Participant Eligibility Requirements:

- Must be a RI resident and at least 18 years of age
- Is unemployed (either collecting Unemployment Insurance benefits OR has not received wages for at least six weeks prior to participating in the program)
- Has received pre-employment services within three months prior to the start of the temporary work experience
- Has not previously completed 400 hours in the Work Immersion Program

Participant first name: _____ Participant last name: _____

Participant street address: _____ City: _____ State: _____ Zip: _____

Participant Email: _____ Participant Phone: _____

Participant Social Security #: _____ Participant Date of Birth: _____

By providing the Governor's Workforce Board with this Social Security Number, I acknowledge that the board may utilize it to obtain wage records from the Department of Labor and Training for the sole purpose of preparing statistical data to determine the efficacy of the training program in which they was involved. It is understood that the Social Security Number will remain confidential and will not be disclosed to any other person or entity for any reason whatsoever.

Part I Continued – To be completed by employer

Participant Gender (optional):

- Male
- Female

Participant Age:

- 18-24 years old
- 25-54 years old
- 55+ years old

Participant Ethnicity (optional):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Hispanic/Latino
- Other/Multiracial

Work Experience Eligibility Requirements:

- Internship must be 60-400 hours of paid employment for 20 consecutive weeks or less
- Pay an hourly wage no less than the RI minimum wage and no more than \$20 per hour
- Provides the participant with a meaningful work opportunity by increasing the participant’s career awareness, technical skills, professional knowledge, or work-readiness skills.

Job title: _____ Location: _____

*Start Date: _____ *End Date: _____ *Hourly rate (max. wage rate = \$20/hour): _____

*Total hours of internship (maximum 400): _____

**** must be provided or your application will not be processed***

Job duties: _____

In what ways will this internship be a “meaningful learning opportunity”? (check all that apply)

- Will increase participant’s career awareness
- Will increase participant’s technical skills
- Will increase participant’s professional knowledge
- Will increase participant’s work-readiness skills

Does this internship have the potential to result in the participant being hired by you? Yes No

Has your company previously provided *paid* temporary work experience to an unemployed adult? Yes No

Has your company previously provided *unpaid* temporary work experience to an unemployed adult? Yes No

If yes to either of the above, what was the most recent year you provided a temporary work experience? _____

Have you or will you increase the total number of paid work experiences that you provide as a result of the Work Immersion Program? Yes No

I understand and agree to the terms and conditions of the Work Immersion Program.

Employer Signature: _____ Date: _____

To obtain reimbursement:

Once the work experience is complete: submit a completed [evaluation form](#) to the GWB along with relevant wage records for the entire length of the work experience. If the participant is retained for an additional 12 weeks, submit a completed [retention form](#) with relevant wage records for a 25% reimbursement of wages paid.

Part II – To be completed by provider of pre-employment services

Agency/Organization: _____

Contact person: _____ Job title: _____

Street address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Ext. _____

Has the above named participant been your client during the past three months? Yes No

What pre-employment services has the participant received from your agency? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Occupational skills training | <input type="checkbox"/> Assistance with resume writing |
| <input type="checkbox"/> Career coaching | <input type="checkbox"/> Assistance with interview skills |
| <input type="checkbox"/> Work readiness training | <input type="checkbox"/> Assistance with job search |
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Other: _____ |

Is the participant unemployed (either collecting Unemployment Insurance benefits OR has received no wages for at least six weeks prior to applying to participate in the Work Immersion Program)? Yes No

Is the participant actively registered on EmployRI? Yes No

I understand and agree to the terms and conditions of the Work Immersion Program.

Signature: _____ Date: _____

To be completed by GWB staff

Hourly rate (max \$20/hr): \$ _____ x Hrs for reimbursement (max 400): _____ = Eligible costs: \$ _____

50% reimbursement by GWB: \$ _____ 25% hiring reimbursement by GWB: \$ _____

Reviewed by: _____ Approved by: _____ Date: _____

