

# Subsidized Temporary Work Experiences for Unemployed Adults and RI Employers

## Evaluation and Wage Reimbursement Form

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

To obtain wage reimbursement, this form must be submitted by the employer along with applicable wage records (for the entire length of the internship) by email to Sherri Carello of the Governor's Workforce Board (GWB) at [sherri.carello@dlt.ri.gov](mailto:sherri.carello@dlt.ri.gov)

WI-UI-17-\_\_\_\_\_

### Part I - To be completed by employer

Employer: \_\_\_\_\_

Supervisor first name: \_\_\_\_\_ Supervisor last name: \_\_\_\_\_

Participant first name: \_\_\_\_\_ Participant last name: \_\_\_\_\_

Hours eligible for reimbursement by GWB (60-400 hours): \_\_\_\_\_

Temporary work experience start date: \_\_\_\_\_ Temporary work experience end date: \_\_\_\_\_

Has the participant been hired as a permanent employee?  Yes  No

If yes: As of what date? \_\_\_\_\_ Job title: \_\_\_\_\_

#### Please rate the participant's performance for each the following:

	Poor	Fair	Good	Very Good	Excellent	Not Applicable
Attendance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Communication and interpersonal skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Customer service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Ability to follow instructions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Ability to work independently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Motivation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Critical thinking/Problem solving skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Ability to learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Acquisition of technical skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Acquisition of professional knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A

#### Describe three specific things that the participant learned:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## Part II - To be completed by participant

Please rate your temporary work experience for each the following:

	Poor	Fair	Good	Very Good	Excellent	Not Applicable
Opportunity to learn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Opportunity to contribute	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Quality of supervision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Quality of internship design	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Support of co-workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Increased awareness of career opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Acquisition of professional knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Acquisition of technical skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A

Describe three specific things that you learned from this work experience about the industry and/or profession:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date