

DREP 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 DREP, including but not limited to:
 - Work is temporary, not to exceed 2,080 hours for each participant
 - Safety equipment issued to the participant must be tracked by the participant
 - No DREP participant can begin work without proper safety training, tetanus shots, and a physical examination
 - DREP 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 DREP 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

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 _____