

Subsidized Temporary Work Experiences for Unemployed Adults and RI Employers

Evaluation and Wage Reimbursement Form

Fiscal Year 2018: August 1, 2017 – June 30, 2018

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 Matthew O'Brien of the Governor's Workforce Board (GWB) at matthew.obrien@dt.ri.gov

WI-UI-18-_____

Part I - To be completed by employer

Employer: _____

Supervisor first name: _____ Supervisor last name: _____

Participant first name: _____ Participant last name: _____

Intern SSN: _____

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