

Atlantic County Office of Workforce Development
Job Development/Placement/Retention Services Manual



Atlantic County One Stop Career Centers

2 South Main Street, Pleasantville, NJ 08232

Phone: (609) 485-0052

Visit us on the web at www.learntrainworkac.com

Atlantic County Workforce Development Board

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ATTACHMENTS

1. Job Development Referral Form
2. Bi-Weekly Sign In/Sign Out Sheets
3. Job Development Exit Form
4. Verification of Employment

I. PROGRAM OVERVIEW AND PROVIDER EXPECTATIONS

The Atlantic WDB funds programs that communicate the importance of maintaining employment, emphasizing work as the gateway through which individuals can enter the economic mainstream and ultimately become and desire to remain, self-sufficient. The Workforce Innovations and Opportunities Act of 2014 (WIOA) has placed an increased emphasis on the importance of an employer-driven workforce development process, focusing on the identified needs of specific industries and creating high quality partnerships to address those needs. The role of workforce development is to create a structured customer flow developing the skills and credentials of the local labor force to meet industry labor demands.

The Atlantic County Office of Workforce Development, in cooperation with the sub-recipients for this grant, will work collaboratively to meet the staffing needs of local business and industry by assessing the skills and attributes of referred customers to create a high-quality, pre-screened, pre-qualified labor pool to meet employer staffing requirements. The sub-recipients of this program are expected to provide the following:

- Build relationships with area employers to identify the staffing needs of area businesses.
- Assess and evaluate referred customers for job matching to meet employer-driven staffing needs.
- Create a labor pool of customers with specific skills and work experience.
- Provide incentives and support to local employers as job placements are made and continue.

The primary goal of this program is to provide employers with skilled workers and provide workforce development customers with sustained, viable employment. Additionally, it is the intention of workforce development to assess and identify skill gaps within today's labor force and create processes to fill those gaps.

The Guidebook will discuss the program operations for implementing the Job Development/Job Placement/Retention program.

II. Referrals

Referrals to the Job Development/Placement/Retention Services will come from three (3) sources:

1. Adult and Dislocated Worker Employment Specialists
2. Out-of-School Youth (OSY) sub-recipients
3. Work First New Jersey (WFNJ) sub-recipients

Referral sources will submit all referrals on a universal referral form found as (Attachment #1) in this manual. All referrals will also contain **a copy of the customer's resume**. The customer's resume must be individualized and cannot be generated from AOSOS. All referrals will be submitted via scanned document. OSY and WFNJ sub-recipients will be assigned a designated job development/job placement provider, should there be more than one contract awarded. Referred customers will then be assessed by the sub-recipient for acceptance or rejection. Referrals to the Job Development/Placement and Retention Services' may be either accepted or declined based on the results of the assessment. Sub-recipients will document accepted referrals by completing the bottom section of the universal referral form and submitting the form to the ACOWD support unit supervisor or designee. Members of the support unit staff will log all accepted and rejected referrals and job placements. The responsible unit supervisor should also be copied on this e-mail. For those referrals that are declined acceptance, the grantee will provide a written explanation for the denial with a written recommendation for services and skills the customer requires for acceptance. The provider will return this information to the designated representative and copy the responsible unit supervisor. All customers who are accepted for job development/placement and retention services will be assessed and evaluated for up to 3 days prior to job placement. The assessment may be completed through half or full-day sessions with the customer. Job placement activities should begin within 10 business days of referral acceptance. Customer attendance must be documented with sign-in and sign-out sheets and reported to the referral source. (Attachment #2)

III. Services

- a. **Assessment**-Within the first two to three days of the referral, the sub-recipient will evaluate the referred customer to determine their level of job-preparedness. The sub-recipient may use appropriate assessment tools to determine whether the customer is sufficiently prepared to enter the workforce or requires additional assistance before being placed. The sub-recipient will use the assessment tools identified in their competitive bid proposal to conduct the evaluation.
- b. **Transition services** -Help job seekers prepare for and transition to full-time employment, (either unsubsidized or OJT) opportunities. Individual or group counseling sessions must be available to create a seamless transition from the employment program to measured outcomes. Activities may include: refining job search skills, developing interview skills, and revising resumes. All documents created and edited should be retained by the sub-recipient in the customer's portfolio.

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- c. **Job Placement Services**- will be provided to develop and place job seekers into full-time employment (either unsubsidized or OJT) opportunities that match clients with appropriate work based on individual skills, knowledge, abilities and experiences.
- d. **Post placement retention support/case management services**- provide support to maintain and retain employment. Supports include: 1) Facilitate lines of communication between worker and employer, 2) Assist employee in resolving possible barriers to continued employment; 3) Problem solve workplace issues that could lead to termination from said placement For all job placements and job retention, the sub-recipient must work with the employer to obtain the Verification of Employment. (Attachment #4) For those referred customers who have not had a suitable job match during their placement, the sub-recipient will complete the exit form (Attachment #3) to document the efforts made and the reason the individual remains unemployed. The sub-recipient will also be responsible for recommending what actions should be taken to improve the customer's employability. The exit form should be emailed to the support unit supervisor or her designee and the responsible unit supervisor should be copied.

Employer Incentives

There are two (2) available categories of subsidy for employers:

1. **OJT: On-the-Job Training** –This incentive is to be used only for customers receiving public assistance. (TANF, GA and SNAP) All OJT contracts will be completed by the designated state OJT writer. All employers under consideration for Work First New Jersey On-the-Job Training (OJT) contracts must be cleared by the Department of Treasury in Trenton, New Jersey. In order to qualify for a **Work First New Jersey OJT**, the employer must offer a **minimum wage of \$10.00 per hour**.

As is the case with all wage reimbursements, the employer is expected to continue to employ the OJT customer when the subsidy has been exhausted.

2. **Youth Work Experience Incentives**- This incentive is offered only to employers who are hiring WIOA-eligible youth for paid work experience. Atlantic County Workforce Development will reimburse employers for this service. The youth will have completed the Individual Service Strategy, (ISS) in order to assess base skill level and career interest. Employers are entitled to a 50% reimbursement of wages paid during the training period. The primary intent of the employment period is to create and build the youth's employment history and work experience.

IV. INVOICING AND REPORTING REQUIREMENTS

Sub-Recipient Reporting Requirements

Sub-recipients will be responsible for reporting the following on a monthly basis as part of their invoicing packet:

1. Self-generated vendor invoice

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2. Listing of all referrals received by name, date and source of referrals.
3. Monthly placement and retention summary page listing customers enrolled, placed and retained (30, 60, 90) by name, date of placement, NJ Number and Case Number.
4. Copies of Employment Plan;
5. Copies of Verification of Employment form for all job placements; (employer signed after 5 days on the job.) Employer initial and signature on the verification of employment form for 30, 60, 90 day job retention.

V. Monitoring

Monitoring is the responsibility of both the state and the local area, though this duty may be assigned to another designated entity or individual. Monitoring at the local level will occur on a quarterly basis and include oversight of the sub-recipient, Job Developer, and corresponding records. To ensure validity of the reimbursement amounts claimed, and that the contracted services are delivered as stated, on-site monitoring of sub-recipients is required. The on-site monitoring of the Job Development/Job Placement Contract must include documenting information received directly from the participants. This information should capture the participant's perspective about how the services are rendered and how the services are progressing.

Providers are expected to create and maintain an onsite file for a minimum of three (3) years for each participant that is enrolled in a funded program. These files shall be monitored at a minimum of once during a program year and shall consist of at a minimum:

- a) Copy of Referral Packet
- b) Copies of Sign-In/Sign-Out sheets with customer signature
- c) Copy of Employment Plan
- d) Customer-specific case notes
- e) Verification of Employment

Periodic monitoring reviews will take place in order to assess sub-recipients compliance with program and contract requirements. The County of Atlantic will provide to the sub-recipient, consultation and technical assistance for the duration of the contract period. The County shall perform fiscal management reviews to oversee the management of funds provided to sub-recipients. The County reserves the right to make on-site visits to review financial and programmatic management activities as required.

The County will provide at least one in-depth evaluation of sub-recipients during the contract period. Monitoring evaluations will be conducted by persons designated by the County. The Monitoring Unit will contact the employer within the first 30 days of the contract to arrange the on-site review. Visits will be arranged at a mutually agreeable time and each evaluation will not exceed three (3) days in duration, except in special circumstances. Written corrective action plans will be requested if it is determined sub-recipients are deficient.

Sub-recipients will submit financial reports related to this program to the County of Atlantic. Sub-recipients agree to retain all books, records or other documents related to this program, on-site for three (3) years after final payment.

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Sub-recipients agree to safeguard information and records pertaining to participants participating in this program in accordance with relevant standards on the use and disclosure of such information as defined by the NJLWD.

JOB DEVELOPMENT REFERRAL

PART I.

Date Referred: _____

Customer Name: _____ Customer Phone #: _____ AOSOS ID: _____

From: Adult Dislocated Youth Other Customer E-mail: _____
 SNAP TANF GA Case Number: _____

Referred By: _____ Phone Number: _____

Check this box if Customer Eligibility has been verified (Please attach Required Form(s); See page 4 of the Job Development/Placement/Retention Services Manual)

Referred to: _____ _____

To be completed by the Atlantic County Office of Workforce Development-Monitoring Unit

Referral Packet: Cover Letter Resume Other (Please List) _____

Incentive Eligibility: WFNJ OJT/Subsidized Employmt. _____

PART II.

The above named customer has been accepted or declined. Give reason if customer declined:

Customer Signature _____ Date _____

Agency Representative Signature _____ Date _____

PART III.

The above named customer has completed the required 4 week job search . The customer was unable to find suitable and sustainable employment during that time. Please give details that prevented customer from finding employment (i.e. Lacking skills or experience, in need of training, or not employable due to ...). Provide all documentation for customer's activity (i.e. work search records and/or interviews scheduled).

The above named customer is being exited from our program as of _____ because:

The above named customer has found employment. Employer Name: _____

Date of Hire: _____ Starting Wage: _____ Job Title: _____ Hours/Wk: _____

Customer Signature _____ Date _____

Agency Representative Signature _____ Date _____

Job Retention Outcomes		
	Initials	Date
<input type="checkbox"/> 30 Day	_____	_____
<input type="checkbox"/> 60 Day	_____	_____
<input type="checkbox"/> 90 Day	_____	_____

Work Activity: _____

Bi-Weekly Sign In/Sign Out Sheet

Program Vendor: _____

Address: _____

Counselor: _____

Phone: _____

(Check one)		
<input type="checkbox"/>	WFNJ	
<input type="checkbox"/>	TANF	<input type="checkbox"/> GA <input type="checkbox"/> SNAP
<input type="checkbox"/>	OSY	
<input type="checkbox"/>	E&T	

Work Site: _____

Address: _____

Supervisor: _____

Phone Number: _____

Fax Number: _____

Employee: _____

Sign In Signature	Day	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours	Sign Out Signature	Supervisors Initials
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								

Week # 1 Total Hours

Sign In Signature	Day	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours	Sign Out Signature	Supervisors Initials
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								

Week # 2 Total Hours

Start Date: _____

Anticipated End Date: _____

Employee Signature

Date

Attach all supporting documents to this form. (Doctors' Note, Child Care Note, etc.)

Worksite Supervisor Signature

Date

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Job Development Exit Form

Date: _____

To: Referring Agency/Department Supervisor _____

From: _____
(Sub-recipient Name)

Customer's Name _____ Last four SSN# _____ referred on _____ Referral Date _____

Case Number (if applicable) _____ TANF GA SNAP WIOA
(Please circle one)

The above named customer has been unable to obtain employment.

Reason for exit: _____

Recommendation to Improve Employability:

Agency Representative Signature _____

Date _____

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Employment Verification

Employee Name: _____ Position/Title: _____

Funding Source: _____ WFNJ _____ WIOA _____
(Circle One) TANF GA SNAP Adult Dislocated Youth

Employment Information

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____ Title: _____
(Please Print)

Telephone Number: _____ Fax Number: _____

Date of Hire: _____ Date of Termination: _____
(Required) (If Applicable)

Hours per Week: _____ Hourly Rate: _____ Shift: 1st 2nd 3rd
(Required) (Required) (Circle one)

Comments: _____

Continues Current Employment: 30 days _____ 60 days _____ 90 days _____
(Please initial the appropriate retention time for this employee)

The undersigned acknowledges the information provided above is true and accurate to the best of their knowledge:

Employer or
Supervisor's Signature: _____ Date: _____
(Required) (Required)

Employer or
Supervisor's Name: _____
(Please Print)

Please return this completed form via a scanned document e-mailed to the WFNJ, Employment & Training or the Youth manager.