

SUPERVISOR VERIFICATION OF ORIENTATION

I have been informed of the rules and regulations governing supervision of workers in the disaster-relief temporary employment to assist in the provision of humanitarian aid and restoration efforts for the pandemic under the Workforce Innovation and Opportunity Act funding through the West Kentucky Workforce Board. I agree to abide by these rules and regulations. I have received a copy of the supervisor's handbook and understand the information contained in the handbook. I understand that I cannot supervise anyone related to me.

_____ Date	_____ Supervisor Signature(s)
_____ Title/Position	_____ Printed Name
_____ Agency/Worksite	_____ Alternate Supervisor 1
_____ Worksite Address	_____ Alternate Supervisor 2
_____ City, State, Zip	_____ Alternate Supervisor 3
_____ Supervisor Phone Number	_____ Alternate Supervisor 4
_____ Supervisor Email	_____ Alternate Supervisor 5
_____ County	_____ Alternate Supervisor 6

NOTE: All Supervisors and alternate supervisors must complete an orientation prior to the placement of WIOA Participants. If you have not attended an orientation, you cannot serve as a supervisor!

_____ WIOA Staff Signature	_____ Date
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