

# Supervisor's Worksite Handbook

The goals and objectives of the Delaware County Youth Program are to:

- Encourage youth to remain in school through graduation.
- Provide information to help students make better life choices.
- Provide productive a work experience and develop good work attitudes
- To explore employment opportunities in their own communities.

Each youth comes to the worksite with different levels of work skills and work attitudes. Some are already good employees, while others need more guidance in developing good work habits and attitudes.

## RESPONSIBILITIES OF THE SUPERVISOR

The primary responsibilities of the supervisor to

- Assign specific daily tasks and supervise youth performing work activities
- Have alternate work assignments for inclement weather (if applicable)
- Provide job coaching and counseling regarding work performance
- Report any injuries immediately to Anne Aikens or April Feyh and fill out accident report forms immediately after medical attention is sought for an accident.
- Be responsible for the accurate preparation and submission of payroll records
- Ensure youth are performing work safely and adhering to labor law guidelines

## COUNSELING PARTICIPANTS

Supervisors should be willing to listen and give feedback to the youth placed in their worksites. The youth need to be informed if they are not performing their job well, or they are demonstrating undesirable work habits or attitudes. Constructive criticism is an important tool in molding the youth under your supervision into mature workers. Please let CDO Career Counselors know of any concerns you have regarding participants as situations may arise. We can assist with counseling the employee on what behavior is appropriate or acceptable.

## EVALUATIONS

All youth participating in the program will be evaluated each payroll during the summer by the immediate supervisor. Please be honest in your evaluations, which are due with each timesheet.

## ACCIDENTS/INJURIES

**If a Delaware County Career Center youth participant is injured, the emergency medical procedure should be followed:**

It is important that doctors and hospitals are made aware that these youths are employees of Delaware County CDO Workforce, and that **bills are to be sent to our office.**

The "Medical Information Sheet" for each youth contain parents' permission to treat and emergency contact info.

Supervisors are asked to complete the supplied "Supervisor Accident Report" form and a "C2" form and mail to the office within 24 hours.

**In the event of an emergency, the worksite should:**

1. Transport participants to the nearest hospital or health care facility.
2. Bring a copy of the participant's "Medical Information Sheet".
3. Inform Counselor or Career Center staff @ 1-800-638-6136.
4. Either inform parent/guardian, or ask Career Center staff to do so.
5. Complete the "Accident Report" form and "C3" form provided within 24 hours.
6. Send the Accident Report form and C3 to Anne at the Delhi Office within 24 hours. **Please see attached Accident Report Form.**

**RIGHTS OF COMPLAINT**

Any participant is guaranteed the right of having program related complaints resolved through the procedure established by the New York State Department of Labor. These procedures will be made available to all students.

**SEXUAL HARASSMENT**

Sexual harassment violates federal and state law and may subject the harasser to personal civil and/or criminal liability. As such, any form of sexual harassment is strictly prohibited and will result in appropriate disciplinary action.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
2. submission to or reflection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Any employee who feels that he or she is subject to sexual harassment at work from a supervisor, co-employee, or any other person in the work place, should immediately report the alleged incident to either that person's direct supervisor or the Program Manager.

Any third person with knowledge or belief of conduct that constitutes sexual harassment should immediately report the alleged incident to his/her direct supervisor or Career Center staff.

All reports shall be confidential and disclosed only on a "need to know" basis consistent with the employer's obligation to investigate the report and take appropriate action.

**TERMINATION**

If a youth commits an act, which you believe warrants termination or informs you of an intention to quit the program please notify and talk with your designated counselor. Due to the fact that the participants are employees of the County, actual termination can only occur: (A) upon the consultation between you and the Career Center Administration staff person or (B) upon the direct action of the counselor, unless there is an immediate threat to you or our agency.

## **MONITORING**

The Summer Youth Employment Program is a federally funded program which operates under federal and state guidelines. The program may be monitored by State and Federal monitors periodically throughout the program. They will be observing as well as questioning both the supervisors and the participants.

Below is a list of several factors which the monitors will assess at the worksite.

1. Rules and regulations are being followed, especially allowable work activities.
2. Compliance with worksite agreements.
3. That adequate supervision is being provided.
4. That accurate time and attendance records are being kept.
5. That enough valuable work is available to keep participants busy during the working hours.
6. That adequate tools and equipment are available.
7. That the working conditions are safe and that State and Federal laws are being observed.
8. **Please make sure each youth participant at your site's work schedule is posted in a common area. This is something auditors check if they select your worksite to visit and is a labor law.**

Negative findings in any of the above listed areas, if not corrected, can lead to the immediate removal of the participants from that worksite

## **PAYROLL INFORMATION**

Payroll is every two weeks (bi-weekly). Your wage will match the minimum wage in New York State (\$13.20 an hour). Both you and your worksite supervisor will be given a payroll schedule to keep you informed about the necessary payroll information. Actual time worked and/or time absent must be recorded on the SYEP time sheet, along with both your signature and your supervisor's as well as the date the pay period ends. Time sheets are due on the last day of the pay period and must be completely and properly filled out so you can be paid on time. You are paid only for actual time worked. Late time sheets will result in a two-week delay in processing your paycheck. Checks are mailed the following Thursday after the pay period ends.

# ACCIDENT REPORT

**PARTICIPANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WORKSITE:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**INJURY DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **A.M./P.M. REPORTED** \_\_\_\_\_

**NAME & ADDRESS OF DOCTOR/HOSPITAL:** \_\_\_\_\_

**Did you return to work?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **Date returned:** \_\_\_\_\_

**Describe injury:** \_\_\_\_\_

\_\_\_\_\_

**Witnesses:** \_\_\_\_\_

**Any contributing factors:** \_\_\_\_\_

**Describe Immediate Treatment:** \_\_\_\_\_

\_\_\_\_\_

**Treatment by whom?** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DISCIPLINE PROCEDURES

Crew supervisors should use their discretion in determining a level more or less severe than that suggested.

	<u>OFFENSE</u>	<u>1ST INCIDENT</u>	<u>2ND INCIDENT</u>	<u>3RD INCIDENT</u>
A.	Reporting for work under the influence of alcohol or drugs	1 day suspension (Notice to OET) counseling	termination (with referral) to appropriate agency.	
B.	Possession of or use of alcohol or drugs on the job.	immediate termination		
C.	Fighting on the Worksite or in the transit.	written reprimand counseling	termination (notice to OET)	
D.	Theft	termination		
E.	Failure to work as a team member.	verbal warning counseling	written reprimand (notice to OET)	suspension
F.	Intimidation humiliation, or verbal abuse of fellow crew members.	verbal warning counseling	written reprimand (Notice to OET)	suspension
G.	Insubordination to crew leader includes: insubordination -refusal to follow reasonable work orders	written reprimand (Notice to OET) or verbal suspension counseling	suspension  termination	termination
H.	Intentional misuse of tools and /or equipment.	written reprimand (notice to OET)	suspension	termination
I.	Failure to wear safety equipment or adequate clothing after direction	Suspension	termination	
J.	Horseplay -distracting behavior -creating a safety hazard	verbal warning counseling	written reprimand (notice to OET)	suspension
K.	Unexcused absence	written reprimand counseling	written reprimand (notice to OET) counseling	suspension
L.	Lateness	verbal warning counseling	written warning counseling	written reprimand (notice to OET)

Crew supervisors are advised to use their discretion when deciding on the discipline for the lateness or missed time. It is important that the incident be documented. It is imperative that crew supervisors notify OET staff directly of any and all disciplinary action taken in writing whenever possible.

# WARNING NOTICE

To: \_\_\_\_\_ Date: \_\_\_\_\_

On \_\_\_\_\_, your performance at

\_\_\_\_\_ was not satisfactory  
for the following reason(s):

\_\_\_\_\_ Lateness

\_\_\_\_\_ Absenteeism

\_\_\_\_\_ Inappropriate dress

\_\_\_\_\_ Unacceptable attitude

\_\_\_\_\_ Other:

Comments:

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

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