

West Virginia Department of Health and Human Resources

**WV WORKS FLSA COMPUTATION SHEET**  
**for Community Service, CWEP, JOIN, or Work Experience Programs**

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

Customer Name: \_\_\_\_\_

PIN Number: \_\_\_\_\_

Component: \_\_\_\_\_

Participation Hours Required: \_\_\_\_\_

Step 1:		_____	WV WORKS Grant
Step 2:	+	_____	Food Stamp <b>benefit</b> for WV WORKS AG*
Step 3:	+	_____	CSI Payment
Step 4:	=	_____	Subtotal
Step 5:	-	_____	Redirected Child Support
Step 6:	=	_____	Total Countable Benefits
Step 7:	÷	_____	Minimum Wage
Step 8:	=	_____	Maximum Number of <b>Monthly</b> Core Hours Allowed

Is a non-FLSA regulated activity required to meet participation? ☐ Yes ☐ No

How many hours assigned? \_\_\_\_\_

What component? \_\_\_\_\_

\*If there are people in the FS AG who are not included in the WV WORKS AG, divide the FS amount by the number of people in the FS AG, then multiply that by the number of people in the WV WORKS AG to determine the counted FS amount.

This form must be completed whenever a participant is enrolled in a Community Service, CWEP, JOIN, or Work Experience component. A new calculation sheet must be completed each time there is a change in any of the above figures. Record the information in RAPIDS case comments and file this form in the client record.