

Work Site Learning Agreement

Student Name _____ Date of Birth _____ Age _____ Male _____ Female _____

Pathway: Arts & Communications Business & Marketing Engineering & Technology Health & Human Services Science & Natural Resources

Career Goal _____ Student Job Title _____

Work Site _____ Work Site Supervisor _____ CIP (optional) _____

Start Date ___/___/___ Paid Experience Non-Paid Experience Proposed Hours per Week _____ Required Hours for Credit _____

Student Responsibilities: *(Failure to comply with any of the following may result in termination from the program.)*

1. Keep regular attendance at school and on the job, notifying the employer of any anticipated absences. If the trainee is absent from school, he/she must be absent from work unless other arrangements have been made with the school coordinator.
2. Abide by all state, federal, business site, and school rules and regulations.
3. Demonstrate honesty, punctuality, cooperation, confidentiality, and respect for others.
4. Submit verified documentation of hours at the work site to the school coordinator and complete the necessary forms for school credit purposes as required.
5. Inform the work site supervisor and school coordinator of any problems, concerns, accidents/injuries immediately.
6. Abide by the dress code of the work site.

Parent/Guardian Responsibilities:

1. Provide support for the student's active participation, punctuality, and personal growth in the program.
2. Assume responsibility and liability for student while traveling to and from work experience.
3. Provide transportation when necessary.
4. Assume liability for student during a non-paid work experience.

Work Site Supervisor Responsibilities:

1. Comply with federal and state and local Labor and Industry regulations.
2. Provide orientation that identifies safety, workers' rights and responsibilities, harassment, policies, procedures, and expectations.
3. Conform to federal, state and local laws prohibiting discrimination on the basis of race, color, national origin, sex, sexual orientation, religion or disability.
4. Provide a safe working environment and report any student accidents and injuries.
5. Consult with the school coordinator concerning the student's learning plan.
6. Verify attendance and/or time records.
7. Maintain liability insurance.
8. Supervise students while on business premises and monitor employees who have direct contact with students.
9. Ensure student's work site learning experience will not violate any collective bargaining agreement between the business and regularly scheduled employees.
10. Provide feedback regarding performance of student's training plan.

School Coordinator Responsibilities:

1. Supervise student placement in an appropriate work site.
2. Secure all paperwork, including a training plan, before credit and/or grades are issued.
3. Inform students of basic work site safety and minor work laws.
4. Consult with the work site to develop a training plan, and evaluate student performance.
5. Document all accidents and injuries.
6. Ensure work site orientation has occurred.

Each party shall defend, indemnify and hold the other party, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of injuries and damages caused by each party's own negligence

The School District and the work site do not discriminate on the basis of race, religion, ethnicity, national origin, age, disability, gender, sexual orientation, marital or veteran status. This is a commitment made by the parties in accordance with federal, state and local laws and regulations.

STUDENT

Student Signature Date

Student address and Zip code

Student home telephone

WORK SITE SUPERVISOR

Work Site Supervisor (print name) Signature Date

Name of Business

Business address and Zip code

Business telephone number Fax number

PARENT/GUARDIAN

Parent/Guardian (print name) Signature Date

Parent/Guardian address and zip code

Parent/Guardian home telephone Parent/Guardian daytime telephone

SCHOOL COORDINATOR

School Coordinator (print name) Signature Date

Name of School

School Coordinator business address and Zip code

School Coordinator business telephone number FAX number