

Work Experience Education (WEE) Training Agreement

<p>For Student to Complete:</p> <p>Student Name: _____ Home Address: _____ City: _____ Zip Code: _____ Phone: _____ Date of Birth: _____ Age: _____ Grade Level: _____</p> <p><input type="checkbox"/> General Work Experience Program <input type="checkbox"/> Exploratory Work Experience Program <input type="checkbox"/> Career Technical Work Experience Education Work Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 18+ yrs</p>	<p>As a student enrolled in the WEE program, I:</p> <p><input type="checkbox"/> will find a job that meets the class guidelines. <input type="checkbox"/> will obtain a work permit for each job held if under 18 years of age. <input type="checkbox"/> will attend weekly classes, submit weekly records of hours worked, provide pay stubs, complete assignments, and follow all the policies of this program. <input type="checkbox"/> understand if I am absent from school for any reason, then I am not allowed to go to work on the day of that absence. I will attend school regularly. <input type="checkbox"/> will inform the WEE teacher coordinator and seek advice BEFORE quitting my job.</p>
<p>For Parent/Guardian to Complete:</p> <p>Parent/Guardian Name: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____</p> <p>As parent/guardian of a student enrolled in WEE, I:</p> <p><input type="checkbox"/> give permission for the student to be employed.</p>	<p>As parent/guardian of a student enrolled in WEE, I:</p> <p><input type="checkbox"/> give permission for the student to leave school during WEE. <input type="checkbox"/> assume responsibility for the safety and conduct of the student while traveling to and from school, job, and home. <input type="checkbox"/> assume responsibility for the student's supervision while off campus. <input type="checkbox"/> will assist my student in successful completion of this class.</p>
<p>For Employer to Complete:</p> <p>Employed by: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____ Employer's Worker's Comp. _____ Student Job Title: _____ Job Duties: _____</p> <p>As the employment site, we will:</p> <p><input type="checkbox"/> not discriminate on the basis of race, color, national origin, sex, or disability, creed or religion. <input type="checkbox"/> ensuring working conditions do not endanger the health, safety, welfare, or morals of the student. <input type="checkbox"/> provide adequate adult supervision. <input type="checkbox"/> provide adequate equipment, materials, facilities, and accommodations to allow appropriate learning activities.</p>	<p><input type="checkbox"/> provided an itemized statement of deductions with every paycheck. <input type="checkbox"/> complete student evaluations and time sheets. <input type="checkbox"/> consult with the WEE coordinator regarding student's performance. <input type="checkbox"/> release student from work when requested by the school. <input type="checkbox"/> adhere to all Federal and State regulations regarding employment. <input type="checkbox"/> provide the probability of continuous employment a minimum of 10 hours weekly through a semester. <input type="checkbox"/> notify the WEE coordinator immediately of any problems or concerns or if the student is terminated or quits. <input type="checkbox"/> provide Workers Compensation Insurance through the local school district.</p>
<p>For Work Experience Teacher Coordinator to Complete:</p> <p>Student's on-the-job objectives:</p> <p>(1) _____ (2) _____ (3) _____</p>	<p>Work Experience Education Coordinator Will:</p> <p><input type="checkbox"/> review and approve student job sites. <input type="checkbox"/> conduct a minimum of 2 site visits/semester. <input type="checkbox"/> maintain all program/student records per Ed Code. <input type="checkbox"/> consult with employer, student, and parent/guardian regarding job performance, progress in class, grade, etc.</p>
<p>Non-discriminatory Statement: "No person shall be excluded from participation in or denied the benefits of any local agency's program or activity on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in any program or activity conducted by an educational institution or any other local agency, which is funded directly by, or that receives benefits from any state financial assistance." (5 CCR, Ch. 5.3, SubCh. 1, Art. 1)</p>	
<p>Student Signature: _____ Date _____</p> <p>Employer Signature: _____ Date _____</p>	<p>Parent/Guardian Signature: _____ Date _____</p> <p>WEE Coordinator Signature: _____ Date _____</p>