

SOUTHERN HILLS CAREER AND TECHNICAL CENTER WORK BASED LEARNING AGREEMENT

Student Name:	Worksite:
Address:	Supervisor:
City/Zip:	Address:
Phone:	City/Zip:
Program:	Phone:
Job Title:	Supervisor's Email Address:

Student's Job Description:

STUDENTS WEEKLY WORK SCHEDULE: **HOURS OF EMPLOYMENT**
DAYS WORKED (CIRCLE APPROPRIATE DAYS) START _____ AM/PM END _____ AM/PM
M T W TH F TOTAL WORK HOURS PER WEEK _____ PAY RATE: _____

EMPLOYER – SUPERVISOR/MENTOR

1. Employs student for an average of not less than 15 hours a week.
2. Work closely with the placement coordinator/career tech instructor in evaluating student's progress to assist in the advancement and growth of the student.
3. State, Federal and Local Labor regulations regarding employment and compensation apply to the student. Have a work permit on file for each minor employed.
4. Provide direct supervision, safety instruction, training and guidance to the student while on the job.
5. Provides evaluations to the placement coordinator monthly.

DO YOU GIVE SHCTC PERMISSION TO ADD YOUR COMPANY NAME AND WEBSITE TO THE SOUTHERN HILLS WEBPAGE AS A BUSINESS PARTNER? YES _____ NO _____ WEBSITE ADDRESS _____

EMPLOYER SIGNATURE

To participate in the program, all parties must agree to the following:

EVERYONE

1. All parties agree that the primary purpose of this employment-based experience is educational.
2. The agreement will not be terminated without the knowledge of all parties concerned.
3. Learning experiences and job tasks will be planned and managed utilizing this plan.
4. The student may withdraw or transfer from a training station after providing appropriate notification when it would enhance the student's educational opportunities.
5. The student will work a minimum of 15 hours each week.

STUDENT

1. Upholds the policies, rules and regulations of the school and the business.
2. Actions, attitudes and appearance will reflect positively on the school and the business.
3. Advance notification of absence will be given to the employer and the program teacher. Do not report to work if absent from school without first obtaining permission from the instructor.
4. Be punctual, be regular in attendance at school and on the job.
5. Carry out the training at the job and in school in such a manner as to reflect credit upon the student, the employer, and the school.
6. Maintain the minimum standards necessary for eligibility in the Placement program.
7. Remain on the job and not quit without the approval from the instructor and without giving proper notice to the employer.

PARENTS

1. Responsible for the personal conduct of the student at school and work.
2. Transportation to and from the worksite must be provided or approved.
3. Encourages student to carry out duties and responsibilities both on the job and at school.

CAREER TECH PROGRAM INSTRUCTOR

1. Assists the student in securing an appropriate employment-based experience. Verify that the worksite is suitable for the student and enhances the skill training received by the student.
2. Ensures that all paperwork is complete, including all required signatures.
3. Works closely with the employer to ensure student's success. Contacts the employer once a month to evaluate the student's progress. Determines the student's final grade for any credit granted.
4. Notify all parties when transferring or withdrawing a student from a worksite.
5. Ensures that students return to the normal school schedule if employment is terminated and let the placement coordinator know of any changes.

PLEASE MAKE SURE ALL SIGNATURES ARE ON THIS FORM

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Program Instructor: _____ Date: _____

Academic Instructor: _____ Date: _____

Academic Instructor: _____ Date: _____

Academic Instructor: _____ Date: _____

Attendance _____ Graduation Ready _____ GPA _____

Job Placement: Half day _____ Full Day _____ Start Date _____

The student will be dismissed at _____ a.m. /p.m. and a class schedule change will be required as follows: _____

Counselors Signature _____

Virtual Coordinator Signature _____

Placement Coordinator Signature _____

Principal Signature _____ (Only if appealed)