STOCKTON UNIFIED SCHOOL DISTRICT WORK EXPERIENCE EDUCATION PROGRAM **TRAINING AGREEMENT**

Last Name	First	Today's Date
the kinds of employment e programs are considered to The Education Code of the agreement that is signed b	experiences that will enable them to make o be a critical part of the total educational e State of California requires that students	enrolled in Work Experience Education Programs be covered by a trair not a legal contract and may be terminated, for cause, at any time by
School	Responsibilities	Employer Responsibilities
 I agree to: Inform the student of p Assist the student in of program forms. Coordinate the student Work closely with the estudent with the maxim experience. Visit the student's place employer regarding the Assign and assist the stactivities. Assist in the resolution student's academic and Provide the employer v job performance of the student. Perform a liaison and c school and the busines Sign the training agree acceptance of the student Signature of the student. 	employer in order to provide the num benefit from his/her employment e of employment, and consult with the e job performance of the student. tudent to fulfill related learning of any issues which may affect the d/or job performance. with evaluation forms, and discuss the e student with the employer and coordinating function between the es/industrial community. ement below. My signature indicates lent in the program.	As a career station sponsor in the Work Experience Education Program, I agree to: 1. Inform the student of rules, regulations, and duties expected of him/he on the job. 2. Supervise the student on the job, assist him/her to improve on his/her job performance; and assign him/her to more responsible duties or positions if openings occur for which he/she is most qualified. 3. Plan a variety of appropriate job tasks/responsibilities. 4. Abide by State and Federal laws/regulations pertaining to employment 5. Provide Workman's Compensation coverage for the student. 6. Verify the hours the student worked by signing his/her time card. 7. Consult with the WEE Teacher/Coordinator on issues which relate to th student's job performance. 8. Inform the WEE Teacher/Coordinator when planning to terminate a student's employment. 9. Discuss the job performance of the student with the WEE Teacher/Coordinator, and complete the written evaluation form that w be provided. 10. Accept and assign jobs, and otherwise treat without regard to race, co national origin, sex, or handicap, all work experience students equally. 11. Sign the training agreement below which indicates a willingness to participate as a career station sponsor, and to accept the program responsibilities. Employer Signature
	K Experience Program, I agree to: les and regulations established by the	Parent/Guardian Responsibilities
school and the employ		As the parent/guardian of a student in the Work Experience Program, I agree to:

- Submit a time card, as required by the WEE Teacher/ 3. Coordinator, to verify the number of hours worked.
- Notify WEE Teacher/Coordinator AND employer of school or 4. job related problems that may affect my job performance. 5. Maintain regular attendance and punctuality in school and on
- the job.
- Fulfill related learning activities and attend meetings as 6. required by the WEE Teacher/Coordinator.
- Sign the training agreement below. My signature indicates my 7. understanding of the responsibilities and acceptance of the program requirements.

Student Signature_____

Date _

- Approve my student's enrollment in the program. 1.
- 2. Arrange transportation for my student, and accept liability if incurred. Transportation for the program is the responsibility of the parent and the student. The school will not authorize, nor be held responsible for the mode of transportation that is used.
- Sign the training agreement below. My signature indicates my 3. understanding of the responsibilities and acceptance of the program requirements.

Parent/Guardian Signature _____

Address____

Place of Employment______ Work _____

_____ Phone _____

Work Experience Education (WEE) Training Agreement Page 2

Please Print			
For Student to complete:	As a student enrolled in the WEE program, I:		
Student Name: Home Address:	 will find a job that meets the course guidelines. will obtain a work permit for each job held if under 18 years of age. will attend weekly meetings, submit weekly records of hours worked, provide pay stubs, complete assignments, and follow all the policies of this program. 		
City: Zip Code:			
Phone: Date of Birth:	 understand if I am absent from school for any reason, then I am not allowed to go to work on the day of the absence. 		
Age: Grade Level:	 will attend school regularly. will inform the WEE Teacher/Coordinator and seek advice BEFORE quitting my job. 		
For Parent/Guardian to complete:	As a parent/guardian of a student enrolled in WEE, I:		
Parent/Guardian Name:	• give permission for my student to be employed.		
Address:	 give permission for my student to leave school during WEE. assume responsibility for the safety and conduct of my student while traveling to and from school, job, and home. 		
City: Zip Code:	 assume responsibility for my student's supervision while off campus. 		
Home: Work:	• will assist my student in successful completion of this class.		
For Employer to complete: Employed by: Address: City: Phone: Employer's Worker's Comp.: Student Job Title: Job Duties: As the employment site, we will: • not discriminate on the basis of race, color, national origin, sex, or disability, creed or religion. • ensure working conditions do not endanger the health, safety, welfare, or morals of the student. Continued in box on the right For Work Experience Education Teacher/Coordinator to complete: Student's on-the-job objectives: (1) (2) (3) General Work Experience Program Exploratory Work Experience Program Vocational Work Experience Education	 provide adequate equipment, materials, facilities, and accommodations to allow appropriate learning activities. provide an itemized statement of deductions with every paycheck. complete student evaluations and time sheets. consult with the WEE Teacher/Coordinator regarding the student's performance. release student from work when requested by the school. adhere to all Federal and State regulations regarding employment. provide the probability of continuous employment a minimum of 10 hours per week per semester. notify the WEE Teacher/Coordinator immediately of any problems or concerns or if the student is terminated or quits. Work Experience Education Teacher/Coordinator will: review and approve student job site(s). consult with employer, student, and parent/guardian, regarding job performance, progress in class, grades, etc., as necessary. 		
Work Permit Issued: Yes No 18+ yrs.			
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)			
Student Signature: F	Parent/Guardian Signature:		
Date	Date		
Employer Signature:N	WEE Teacher/Coordinator Signature: Date		