

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

Last Name _____ First _____ Today's Date _____

The Stockton Unified School District recognizes that the primary purpose of Work Experience Education Programs is to provide students with the kinds of employment experiences that will enable them to make better career decisions, and/or to develop vocational skills. These programs are considered to be a critical part of the total educational effort of the district.

The Education Code of the State of California requires that students enrolled in Work Experience Education Programs be covered by a training agreement that is signed by the parties involved. This agreement is not a legal contract and may be terminated, for cause, at any time by any of the parties. Responsibilities of the parties are detailed below.

School Responsibilities

As a teacher/coordinator in the Work Experience Program, I agree to:

1. Inform the student of program rules and regulations.
2. Assist the student in obtaining and completing necessary program forms.
3. Coordinate the student's on-the-job activities.
4. Work closely with the employer in order to provide the student with the maximum benefit from his/her employment experience.
5. Visit the student's place of employment, and consult with the employer regarding the job performance of the student.
6. Assign and assist the student to fulfill related learning activities.
7. Assist in the resolution of any issues which may affect the student's academic and/or job performance.
8. Provide the employer with evaluation forms, and discuss the job performance of the student with the employer and student.
9. Perform a liaison and coordinating function between the school and the business/industrial community.
10. Sign the training agreement below. My signature indicates acceptance of the student in the program.

WEE Teacher/Coordinator Signature _____

School _____ Phone _____

Address _____

Student Responsibilities

As a student in the Work Experience Program, I agree to:

1. Follow the program rules and regulations established by the school and the employer.
2. Obtain a work permit and a social security card if needed.
3. Submit paycheck stubs, as required by the WEE Teacher/Coordinator, to verify the number of hours worked.
4. Notify WEE Teacher/Coordinator AND employer of school or job related problems that may affect my job performance.
5. Maintain regular attendance and punctuality in school and on the job.
6. Fulfill related learning activities and attend weekly meetings as required by the WEE Teacher/Coordinator.
7. Sign the training agreement below. My signature indicates my understanding of the responsibilities and acceptance of the program requirements.

Student Signature _____

Date _____

Employer Responsibilities

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/her 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 Workers' 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 the 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 will be provided.
10. Accept and assign jobs, and otherwise treat without regard to race, color, 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 _____

Business _____ Phone _____

Address _____

Email _____

Parent/Guardian Responsibilities

As the parent/guardian of a student in the Work Experience Program, I agree to:

1. Approve my student's enrollment in the program.
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.
3. Sign the training agreement below. My signature indicates my understanding of the responsibilities and acceptance of the program requirements.

Parent/Guardian Signature _____

Address _____ Phone _____

Place of Employment _____ Work _____

Work Experience Education (WEE) Training Agreement

Page 2

Please Print

<p>For Student to complete:</p> <p>Student Name: _____</p> <p>Home Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____ Date of Birth: _____</p> <p>Age: _____ Grade Level: _____</p>	<p>As a student enrolled in the WEE program, I:</p> <ul style="list-style-type: none"> 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. 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. will attend school regularly and on time. will inform the WEE Teacher/Coordinator and seek advice BEFORE quitting my job.
<p>For Parent/Guardian to complete:</p> <p>Parent/Guardian Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Home: _____ Work: _____</p>	<p>As a parent/guardian of a student enrolled in WEE, I:</p> <ul style="list-style-type: none"> give permission for my student to be employed. 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. assume responsibility for my student's supervision while off campus. will assist my student in successful completion of this class.
<p>For Employer to complete:</p> <p>Employed by: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____</p> <p>Supervisor's First & Last Name: _____</p> <p>Employer's Worker's Comp.: _____</p> <p>Student Job Title: _____</p> <p>Job Duties: _____</p> <p>As the employment site, we will:</p> <ul style="list-style-type: none"> 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. provide Worker's Compensation Insurance. <p style="text-align: right;"><i>Continued in box on the right</i></p>	<ul style="list-style-type: none"> 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 adequate adult supervision. 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.
<p>For Work Experience Education Teacher/Coordinator to complete:</p> <p>Student's on-the-job objectives:</p> <p>(1) <u>Acquire general and specific occupational skills.</u></p> <p>(2) <u>Develop work habits, attitudes, and employability skills.</u></p> <p>(3) <u>Apply basic skills: reading, writing, and computation to the workplace.</u></p> <p><input checked="" type="checkbox"/> General Work Experience Program</p> <p><input type="checkbox"/> Exploratory Work Experience Program</p> <p><input type="checkbox"/> Vocational Work Experience Education</p> <p>Work Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 18+ yrs.</p>	<p>Work Experience Education Teacher/Coordinator will:</p> <ul style="list-style-type: none"> review and approve student job site(s). conduct a minimum of two (2) job site visits per semester. maintain all program and student records per Ed Code. consult with employer, student, teachers, counselor, and parent/guardian, regarding job performance, progress in class, grades, etc., as necessary.
<p>Non-discriminatory Statement:</p> <p>"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: _____</p> <p style="text-align: right;">Date _____</p>	<p>Parent/Guardian Signature: _____</p> <p style="text-align: right;">Date _____</p>
<p>Employer Signature: _____</p> <p style="text-align: right;">Date _____</p>	<p>WEE Teacher/Coordinator Signature: _____</p> <p style="text-align: right;">Date _____</p>