



**Northern United – SISKIYOU Charter School
Work Experience Education (WEE) Training Agreement**

<p>Student Name: _____</p> <p>Teacher Name: _____</p> <p>Parent Name: _____</p> <p>Job Training Location: _____</p>	<p>As a student, I will:</p> <p><input type="checkbox"/> follow all work experience policies .</p> <p><input type="checkbox"/> obtain a work permit for each job held if under 18 years of age.</p> <p><input type="checkbox"/> submit a record of hours worked to teacher at monthly meetings.</p> <p><input type="checkbox"/> notify my job supervisor as soon as possible, before work, of an illness or emergency preventing attendance.</p> <p><input type="checkbox"/> inform the WEE teacher/coordinator and seek advice BEFORE quitting my job.</p> <p><input type="checkbox"/> maintain the required grade point average.</p>
<p>Company Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____</p> <p>Job Supervisor will:</p> <p><input type="checkbox"/> not discriminate on the basis of race, color, national origin, sex, or disability, creed or religion.</p> <p><input type="checkbox"/> ensuring working conditions do not endanger the health, safety, welfare, or morals of the student.</p> <p><input type="checkbox"/> inform student of all rules, regulations and duties expected of him/her and provide opportunity to gain occupational skills.</p> <p><input type="checkbox"/> have adequate equipment, materials and other facilities to provide appropriate training.</p>	<p>As a parent/guardian of a student enrolled in WEE, I:</p> <p><input type="checkbox"/> give permission for the student to be employed.</p> <p><input type="checkbox"/> assume responsibility for the safety and conduct of the student while traveling to and from school, job, and home.</p> <p><input type="checkbox"/> will assist student in successful completion of all school work required for participation in program.</p> <p>For Work Experience Teacher/Coordinator to Complete: Student's on-the-job objectives:</p> <p>(1) _____</p> <p>(2) _____</p> <p>(3) _____</p>
<p><input type="checkbox"/> complete time sheets and provide student evaluations.</p> <p><input type="checkbox"/> consult with the WEE coordinator regarding student's performance.</p> <p><input type="checkbox"/> provide Worker's Compensation Insurance.</p> <p><input type="checkbox"/> provides adequate adult supervision.</p> <p><input type="checkbox"/> offer reasonable assurance of continuous employment for each semester enrolled in WEE.</p> <p><input type="checkbox"/> notify the WEE coordinator immediately of any problems or concerns or if the student is terminated or quits.</p>	<p>As a teacher/coordinator of WEE, I will:</p> <p><input type="checkbox"/> inform students and parent/guardian of work permit rules and regulations.</p> <p><input type="checkbox"/> provide the job supervisor with criteria of the program.</p> <p><input type="checkbox"/> review and approve student job sites.</p> <p><input type="checkbox"/> conduct a minimum of 2 site visits/semester.</p> <p><input type="checkbox"/> maintain all program/student records per Ed Code.</p> <p><input type="checkbox"/> consult with employer, student, and parent/guardian regarding job performance, progress in class, grade, etc. as necessary.</p> <p><input type="checkbox"/> correlate job related assignments with learning experience at the job location.</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, Sub Ch. 1, Art. 1)</p>	
<p>Student Signature: _____ Date _____</p>	<p>Parent/Guardian Signature: _____ Date _____</p>
<p>Employer Signature: _____ Date _____</p>	<p>WEE Coordinator Signature: _____ Date _____</p>