

New Holstein High School

School-to-Work Placement Confirmation



Upon confirmation of your acceptance by and employer, please fill out the following information to finalize your School-to-Work placement. Give this form to Mr. Zoelle for approval.

Student Name _____

Employer Name _____

Employer Address

Employer Email _____ Employer Phone Number _____

Supervisor Name _____

Anticipated Work Times

Monday

Tuesday

Wednesday

Thursday

Friday

Anticipated Training Date _____ Anticipated Start Date _____

Student Signature _____ Date ____/____/____

Employer Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

S.T.W Coordinator Signature _____ Date ____/____/____

SCHOOL SUPERVISED WORK EXPERIENCE AGREEMENT

(A copy of this agreement will be kept at the school)

To be filled out by student – PRINT NEATLY

Student _____ Supervisor Name _____

Start Date ____/____/____ Company Name _____

Company Phone _____ Company Address

Below this line: Office Use Only

Student can receive

____ Credits per semester

____ A wage

____ Alternative Ed. Work Experience

Student will be paid by

____ School

____ Employer

____ Does not apply: credit only

Student will be released during school period(s) _____ for the purposes of this agreement.

As a student learner, I agree to the following:

If I fail to perform satisfactorily in work or in school the coordinator reserves the right to have me removed from my training site.

1. I will be directly responsible to my employer/supervisor and school coordinator for my actions on the job and in school. I understand I represent the workplace as well as the school in my capacity as an employee.
2. I will treat all confidential information with the proper respect and follow the student standards of conduct while on the job.
3. I will receive no credit if I quit my job without proper cause or without proper notice to the employer (as requested by the employer) or the School-to-Work Coordinator (immedicately)
4. I will maintain my grades and attendance in order to remain eligible for this program.
5. I will work a minimum of 90 hours each semester for each half credit I am earning. (minimum 90 hours if earning .5 credits and minimum 180 hours if earning 1 credit) I will document all work hours.
6. I am expected to show reasonable progress on the job and abide by all rules and policies of my employer and school.
7. I will discuss all special problems with the School-to-Work Coordinator and will request changes if necessary.
8. I will not report to my job on days I am absent from school and will notify the school and employer/supervisor of my absence.
9. I understand that I may be dismissed from the job for failure to follow the rules for school work experience or for failure to fulfill my job duties while on the job.
10. I understand that I must attend all scheduled work experience meetings. I realize that failure to do so could result in a failing quarter grade.
11. I hold a valid driver's license.

Student Initials _____ Date ____/____/____

As an employer/mentor or the work experience student, I agree to the following:

1. Provide the student with a work opportunity for approximately _____ hours per day, beginning on _____ and ending on _____.
2. Provide a variety of experiences, which enable the student to learn all aspects of the job.
3. Evaluate the student every 9 weeks. An evaluation form will be supplies. The student will receive a grade on his/her report card based on the evaluation.
4. Only terminate this agreement for reasons the organization cannot tolerate, after consulting the School-to-Work Coordinator.
5. Prevent the student from working on any day that he/she has been absent from school.
6. Assure the student is not placed on a job that would violate child labor regulations.
7. Provide an orientation for the student prior to starting on the first day of training.
8. Provide the student with the appropriate safety instruction necessary for the job.
9. Inform the School-to-Work Coordinator of any issues/concerns with a student worker.

Employer Signature _____ Date ____/____/____