



WORK EXPERIENCE TRAINING AGREEMENT

880 Parsons Road
Traverse City, MI 49686-3692
(231) 922-6298 Fax 922-6364

Program Serial #

CIP Code

CTC Program

Student/Learner Information

Name	_____		
Street	_____	City	_____ Zip _____
Phone	_____ Birthdate _____	Age	_____ Grade _____
Home School	_____	Emergency Contact	_____
		(Name & Phone #)	

Employer Information

Employer	_____	Supervisor	_____
Street	_____	City	_____ Zip _____
Phone	_____	E-mail address	_____
Insurance Carriers (company & policy #)			
Worker's Compensation	SET-SEG Policy # SP-1P45	Job Title	_____
Liability Insurance	SET-SEG Policy # SP-2F75	Rate of Pay	na
Related Instruction Day (s)	_____	Work Schedule -- Hours & Days	_____
Date Employment Begins	_____	Ends	UP TO 45 HOURS
		<input type="checkbox"/>	Employment cannot exceed 48 hrs. per week (including school)
		<input type="checkbox"/>	Student is over 18 years of age

Job Activities:

NO DRIVING on the job. Training Plan to include job title task lists, work site activities, and student evaluation. Must be supervised at all times. Safety training completed at CTC and at the Employer's work site.

Note: Employer must retain a copy of the completed Training Agreement at the place of employment before student begins work. Please refer to the CTC web site for more information, forms, and "Guidelines for Worksite Supervisors."

Employer Agrees to:

1. Provide a work schedule of sufficient length to develop competencies for the occupation.
2. Complete an evaluation (provided by the coordinator) each marking period.
3. Not terminate the student without consultation with the coordinator.
4. Conform to all laws and regulations, including nondiscrimination against any employee based on race, color, sex, national origin or handicap.
5. Verify student attendance.

As part of the job placement function in the District, the TBAISD Career-Tech Center is not in a position to judge the health and safety practices of each work site, and therefore, cannot be held responsible for the particular conditions of each of the work places.

Notice of Nondiscrimination Policy: It is the policy of the Traverse Bay Area Intermediate School District that no person shall on the basis of race, color, natural origin, creed or ancestry, political belief, sex, disability, handicap, religion, age, height, weight, or marital status be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity and in employment. Students who believe they have been discriminated against are encouraged to report complaints promptly to Assistant Principal, TBA Career-Tech Center, 880 Parsons Road, Traverse City, MI 49686; 231.922.6379.

revised 2-09

SIGNATURES OF PERSONS APPROVING THIS WORK-BASED LEARNING PROGRAM

My son / daughter has my permission to drive to and from their designated work-based learning work site as indicated above.

Student	_____	Date	_____	<input type="checkbox"/> Employer
Parent	_____	Date	_____	<input type="checkbox"/> Coordinator
Employer	_____	Date	_____	<input type="checkbox"/> Home School
Coordinator/Instructor	_____	Date	_____	<input type="checkbox"/> Instructor
Placement Coordinator	_____	Date	_____	