



**LANE ESD LIFE SKILLS PROGRAM
Work Experience Training Agreement**

Student Name:	
School/Classroom: Phone Number: Address: Classroom Coordinator:	
Worksite: Phone Number: Address: Worksite Supervisor: Alternate Supervisor:	

This section is to be completed by Worksite Supervisor in conjunction with Student and Classroom Coordinator:

Job Title: _____

Work/Training Start Date: _____

End Date: _____

Number of Hours/Week: _____

Total Hours: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Unpaid _____ **Length of Lunch** _____ **% of Time with Direct Supervision** _____

Student/Employee agrees to accept, and Parent/Guardian to support, the following responsibilities:

1. Maintain regular attendance in school and on the job, follow all rules concerning the program, and notify the Classroom Coordinator and Employer prior to any absence.
2. Show honesty, punctuality, a cooperative attitude, program grooming and dress, and a willingness to learn.
3. Consult the Classroom Coordinator, as well as the employer, about any problems that arise.
4. Conform to the rules and regulations of the worksite and maintain confidentiality.
5. Complete required assignments and furnish necessary information, reports, or timesheets.

Date: _____ **Student Signature:** _____

Parent/Guardian Signature (under 18): _____

Employer/Worksite Supervisor agrees to accept the following responsibilities:

1. Provide thorough orientation to the job and worksite, as well as a meaningful work experience.
2. Provide written evaluation of student performance and discuss with the Classroom Coordinator.
3. Keep and complete accurate attendance and/or time records, as required.
4. Consult with the Classroom Coordinator regarding problems related to the work experience, and contact promptly before considering suspension or termination.
5. Fill out the State of Oregon Workers' and Employers' Report of Occupational Injury or Disease Form 801 in the event of any accident, however minor, which occurs on the job.

Students in this program will be accepted and assigned work without regard to their age, race, color, political affiliation, disability, national origin, marital status, political status, religion, or gender.

Date: _____ **Employer Signature:** _____

Classroom Coordinator agrees to accept the following responsibilities:

1. Conduct worksite visits/consultations as indicated by school program guidelines.
2. Provide the employer with a liaison to assist in explaining requirements, completing paperwork, resolving problems, and otherwise helping the student and employer maximize work performance and learning opportunities.
3. Maintain, through the school district, SAIF liability insurance for all of its student workers.
4. Classroom Coordinator will provide resident school district with a copy of this agreement for Worker's Compensation and Liability insurance.

Date: _____ **Classroom Coordinator Signature:** _____