

## Work Experience Education (WEE) Training Agreement

<p><b>For Student to Complete:</b></p> <p>Student Name: _____          Home Address: _____          City: _____ Zip Code: _____          Phone: _____ Date of Birth: _____          Age: _____ Grade Level: _____</p> <p><input type="checkbox"/> General Work Experience Program  <input type="checkbox"/> Exploratory Work Experience Program  <input type="checkbox"/> Career Technical Work Experience Education          Work Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 18+ yrs</p>	<p><b>As a student enrolled in the WEE program, I:</b></p> <p><input type="checkbox"/> will find a job that meets the class guidelines.  <input type="checkbox"/> will obtain a work permit for each job held if under 18 years of age.  <input type="checkbox"/> will attend weekly classes, submit weekly records of hours worked, provide pay stubs, complete assignments, and follow all the policies of this program.  <input type="checkbox"/> understand if I am absent from school for any reason, then I am not allowed to go to work on the day of that absence. I will attend school regularly.  <input type="checkbox"/> will inform the WEE teacher coordinator and seek advice BEFORE quitting my job.</p>
<p><b>For Parent/Guardian to Complete:</b></p> <p>Parent/Guardian Name: _____          Address: _____          City: _____ Zip Code: _____          Phone: _____</p> <p><b>As parent/guardian of a student enrolled in WEE, I:</b></p> <p><input type="checkbox"/> give permission for the student to be employed.</p>	<p><b>As parent/guardian of a student enrolled in WEE, I:</b></p> <p><input type="checkbox"/> give permission for the student to leave school during WEE.  <input type="checkbox"/> assume responsibility for the safety and conduct of the student while traveling to and from school, job, and home.  <input type="checkbox"/> assume responsibility for the student's supervision while off campus.  <input type="checkbox"/> will assist my student in successful completion of this class.</p>
<p><b>For Employer to Complete:</b></p> <p>Employed by: _____          Address: _____          City: _____ Zip Code: _____          Phone: _____          Employer's Worker's Comp. _____          Student Job Title: _____          Job Duties: _____</p> <p><b>As the employment site, we will:</b></p> <p><input type="checkbox"/> not discriminate on the basis of race, color, national origin, sex, or disability, creed or religion.  <input type="checkbox"/> ensuring working conditions do not endanger the health, safety, welfare, or morals of the student.  <input type="checkbox"/> provide adequate adult supervision.  <input type="checkbox"/> provide adequate equipment, materials, facilities, and accommodations to allow appropriate learning activities.</p>	<p><input type="checkbox"/> provided an itemized statement of deductions with every paycheck.  <input type="checkbox"/> complete student evaluations and time sheets.  <input type="checkbox"/> consult with the WEE coordinator regarding student's performance.  <input type="checkbox"/> release student from work when requested by the school.  <input type="checkbox"/> adhere to all Federal and State regulations regarding employment.  <input type="checkbox"/> provide the probability of continuous employment a minimum of 10 hours weekly through a semester.  <input type="checkbox"/> notify the WEE coordinator immediately of any problems or concerns or if the student is terminated or quits.  <input type="checkbox"/> provide Workers Compensation Insurance through the local school district.</p>
<p><b>For Work Experience Teacher Coordinator to Complete:</b></p> <p>Student's on-the-job objectives:</p> <p>(1) _____          (2) _____          (3) _____</p>	<p><b>Work Experience Education Coordinator Will:</b></p> <p><input type="checkbox"/> review and approve student job sites.  <input type="checkbox"/> conduct a minimum of 2 site visits/semester.  <input type="checkbox"/> maintain all program/student records per Ed Code.  <input type="checkbox"/> consult with employer, student, and parent/guardian regarding job performance, progress in class, grade, etc.</p>
<p><b>Non-discriminatory Statement:</b>          "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: _____ Date _____</p> <p>Employer Signature: _____ Date _____</p>	<p>Parent/Guardian Signature: _____ Date _____</p> <p>WEE Coordinator Signature: _____ Date _____</p>

**Employer Work Experience Evaluation Form**  
*Please return this directly to student or WEE Coordinator*

Student's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Please check the box that best describes your assessment of the student's performance in the various aspects of Work Experience.

<b>Courtesy</b>	<input type="checkbox"/>	Very Polite & Well Mannered	<input type="checkbox"/>	Reasonably Polite	<input type="checkbox"/>	Impolite
<b>Punctuality</b>	<input type="checkbox"/>	Arrives on time	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Always Late
<b>Cooperation</b>	<input type="checkbox"/>	Creates a pleasing impression	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Difficult to work with
<b>Reaction to Criticism</b>	<input type="checkbox"/>	Reacts positively	<input type="checkbox"/>	Doesn't seem to care	<input type="checkbox"/>	Dislikes criticism
<b>Neatness in work and appearance</b>	<input type="checkbox"/>	Careful with work and appearance	<input type="checkbox"/>	Usually Neat & Clean	<input type="checkbox"/>	Careless at work & untidy
<b>Perseverance</b>	<input type="checkbox"/>	Persistent	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Give up easily
<b>Work Attitude</b>	<input type="checkbox"/>	Eager interest	<input type="checkbox"/>	Normal interest	<input type="checkbox"/>	Appears indifferent
<b>Initiative</b>	<input type="checkbox"/>	Seeks Additional work	<input type="checkbox"/>	Waits to be told what to do	<input type="checkbox"/>	Lacking
<b>Ability to Communicate</b>	<input type="checkbox"/>	Easily able to use language skills	<input type="checkbox"/>	Has some trouble articulating their thoughts	<input type="checkbox"/>	Lacking in their thoughts into words
<b>Ability to Comprehend Instructions</b>	<input type="checkbox"/>	Quick to understand	<input type="checkbox"/>	Reasonably good	<input type="checkbox"/>	Slow to comprehend
<b>Capacity to develop</b>	<input type="checkbox"/>	Promising	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not very promising

Additional Comments if Applicable:

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Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this Evaluation Form.

## Work Experience Time Sheet

Name: \_\_\_\_\_  
Last Name
First Name
Middle Initial

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

All students are required to submit their Work Experience Education worksite hours during the weekly classroom meeting. This time sheet must be signed by the employer to verify work attendance.

	Date	Start Time	End Time	Start Time	End Time	Daily Total
Saturday	_ / _					
Sunday	_ / _					
Monday	_ / _					
Tuesday	_ / _					
Wednesday	_ / _					
Thursday	_ / _					
Friday	_ / _					
Week Total						

I certify that the work hours indicated above are true, accurate, and were in fact worked in the period reflected.

\_\_\_\_\_  
Student Signature                      Date              Supervisor Signature              Date

**Work Experience Education (WEE) Program**

**Notice of Job Change**

Date Submitted: \_\_\_\_\_ Student Name: \_\_\_\_\_

I am no longer employed at: \_\_\_\_\_  
Business Name

Last date of employment was: \_\_\_\_\_

Reason for leaving:  Quit  Laid Off  Fired  Other: \_\_\_\_\_

Explain:

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Do you have new employment?  Yes  No

If yes, state the business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Date employment started: \_\_\_\_\_

*Credit for new employment starts when new work permit is submitted.*

**Application for Permission to Work Past 10:00 p.m.**

I intend to employ \_\_\_\_\_ at \_\_\_\_\_ later than 10:00 p.m.  
Work Experience Student Employer

Under the provision of the work permit and conditions set forth in Section 1391.1 of the *California Labor Code*:

Minors 16 years of age or older and under the age of 18 years enrolled in Work Experience programs approved by the State Department of Education may work after 10:00 p.m. but no later than 12:30 a.m., providing such employment is not detrimental to the health, education, or welfare of the minor and approval of the parent and the Work Experience Education coordinator has been obtained. However, if any such minor works any time during the hours from 10:00 p.m. to 12:30 a.m., he/she shall be paid for working during that time at a rate which is not less than the minimum wage paid to adults.

\_\_\_\_\_  
Employer Signature Date

I understand that upon approval of the above, I must maintain satisfactory school progress and attend school promptly and regularly, otherwise permission would be revoked.

\_\_\_\_\_  
Student Signature Date

Permission is granted for the above named student to work later than 10:00 p.m. according to the conditions set forth in Section 1391.1 of the *California Labor Code*.

\_\_\_\_\_  
Parent / Guardian Signature Date

\_\_\_\_\_  
WEE Coordinator Signature Date