

CTE COOPERATIVE EDUCATION Employment Information

Student Name: Company Information: Company Name			School:		
				Company Phana	
		Company Name		Company Phone	
	Compa	ny Street Address	City	State Zip	
Your job title	::		How long have worked there?		
What are you	ur job responsi	bilities?			
Immediate S			Co-op Coordinator should contact		
Mr./Ms.			☐ Business Phone Above		
	First Name	Last Name	☐ E-mail:	<u></u>	
Job Title:			Mobile Phone:	□ Ca □ Te	
	First Name	Last Name	E-mail:		
Job Hile			—— Mobile Phone:	□ Ca □ Te	
	Company's bu	ısiness hours:			
Monday	OPEN	CLOSE	What was the date of your last pay	check?	
Tuesday			How often are you paid?		
Wednesday			☐ Weekly ☐ Every other we	ek	
Thursday			☐ Twice a month		
Friday				Dates	
Saturday			☐ Monthly	Dates	
Sunday			When does your work schedule cor	ne out?	

Note: Co-op job information will be verified before the beginning of the semester.

UNION COUNTY PUBLIC SCHOOLS

CTE Cooperative Education Training Agreement				
Student:	School:			
Company Name:	Job Title:			
Participation in the cooperative education (co-op) program re	quires the parties concerned to agree to the following responsibilities			
 STUDENT RESPONSIBILITIES The student agrees to abide by all implied and stated terms included in this training agreement, namely: To document a minimum of 135 hours worked in the cooperative experience by averaging at least eight hours per week. To submit copies of pay stubs as directed to verify employment. Failure to submit pay stubs to the co-op coordinator by the due dates will result in a failing grade and removal from the program. To complete assigned projects by established deadlines. To make employer aware of the required 4th period co-op meeting dates before the work schedule is made. Meeting attendance is factored into the co-op grade. To remain with the original job placement the entire semester. To not quit their job without first turning in the Request for Job Change form and meeting with the co-op coordinator. Permission to change jobs is not granted without proper justification. To face removal from the program if they quit without prior consent of the co-op coordinator. To conform to employer rules and regulations with regard to professional dress, conduct, grooming, attendance, punctuality, and adherence to the work schedule. To face removal from the program if they lose their job due to dishonesty, inefficiency, lack of interest, poor behavior, neglect of school or breach of employer regulations. To notify the employer if unable to work as scheduled according to company policy and to notify the co-op coordinator if unable to work for an extended period of time. To provide his/her own transportation to and from the job site. Carpooling is not allowed per UCPS policy. To refrain from working on days absent from school. To abide by school policies for signing out and leaving campus. 	 EMPLOYER RESPONSIBILITIES The employer, recognizing that close supervision of the student will be needed, agrees: To place the student in a training position for the purpose of providing educational and employment experiences and tasks of instructional value. To ensure the student has the opportunity to work a minimum of 135 hours by the end of the semester. To schedule the student so they are able to attend the required 4th period co-op meetings. To ensure the student's employment activity will be supervised by an experienced and qualified person, with tasks to be performed under safe and hazard free conditions. To ensure the student will receive the same consideration given other employees with regard to safety, health, general employment conditions and other regulations of the firm. To notify the co-op coordinator if difficulties arise, changes are necessary or a layoff or termination of employment seems likely. To keep the co-op coordinator informed of the student's progress and to assist in the evaluation of the student. To avoid discrimination against the student on the basis of race, color, national origin, sex, religion, creed, disadvantaging or handicapping condition, or limited English proficiency, hiring, placement, assignment of work tasks, hours of employment, levels of responsibility, pay, and other employment procedures. To adhere to all federal and state laws governing employment, child labor, minimum wages, and other applicable regulations. Student's Date of Employment			
 To remain at school if told by a teacher or administrator to do so. To pass the designated course in order to pass and receive credit for 	Signature of Employer Date			
the cooperative education component. Removal from the program will result in a failing grade, a schedule change and forfeiture of the early release privilege.	COORDINATOR RESPONSIBILITIES The co-op coordinator, representing the school system, will coordinate the training program toward satisfactory preparation for the student's career interests, and agrees: • To ensure the student is enrolled in the necessary related course			
PARENT/GUARDIAN RESPONSIBILITIES The parent or guardian, realizing the importance of the program in helping the student to achieve career objectives, agrees: To encourage the student to effectively carry out the duties and	 and develop relevant projects for each grading period. To make at least one visit to the job site per grading period to observe the student, consult with employer, and supply assistance with student issues to ensure a successful work experience. To assist in the evaluation of the student. To attempt to resolve complaints with all parties concerned, with the authority to remove a student from the program. To accept students into the program, and inform students of job 			
 responsibilities in this agreement and to complete the program requirements within established deadlines. To assume responsibility for the conduct, transportation, and necessary insurance of the student while in the program. To work with the co-op coordinator and the student to solve problems relating to school and work. 	opportunities without regard to race, color, national origin, sex, religion, creed, disadvantaging or handicapping condition, or limited English proficiency. Signature of Co-op Coordinator Date			

Signature of Principal

Date

Signature of Parent/Guardian

Date