

**WASHTENAW INTERMEDIATE SCHOOL DISTRICT  
Training Agreement for PAID Work Experience Program**

**STUDENT:**

Last Name	First Name	Middle
Address	City	Telephone

Birth Date

Length of job:

Title of Job

Beginning Date

Expected Ending Date

Work hrs scheduled:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	# hrs/wk
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<b>SCHOOL:</b>		
Program	Coordinator	Phone

Address	City	Zip
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Identify the specific educational, occupational and/or behavioral skills this program is designed to reinforce.

Include criteria for acceptable performance.

Date of Safety Training:

The student will demonstrate the ability to:

**SITE:**

Name	Supervisor	Phone
Address	City	Zip

List the primary job activities. Where possible, include criteria for acceptable performance. Pay per hour  
(If additional space is needed, attach extra sheets.)

The student will perform specific tasks satisfactorily according to the standards established by the employer.

**GENERAL CONDITIONS:**

- A. Trainee will abide by the regulations and policies of his employer and the school.
- B. The employer assumes the responsibility of providing the trainee with the broadest occupational experience in keeping with the job activities.
- C. The coordinator will arrange for in school related instruction, consultation, and advisory service to parties concerned with this training program.
- D. The employment of the trainee shall conform to all federal, state, and local laws and regulations, including non-discrimination against any applicant or employee because of race, color, or national origin.
- E. This training program shall NOT be interrupted without prior consultation between the trainee, employer and coordinator.
- F. Does the employer carry workers' compensation insurance? Yes  No

**SIGNATURES OF PERSONS APPROVING THIS PROGRAM:**

_____ Student Signature	_____ Employer Signature
_____ Parent Signature	_____ Coordinator or School Official Signature on Behalf of WISD
_____ Teacher Signature	_____ Date