



Verdugo Hills Work Experience Education (WEE)

Dr. Aaron Peterson, *Instructor*
PRE-ENROLLMENT FORMS

Once this form is completed, your counselor will add you to the class.

Student Name _____

The following guidelines must be adhered to or a fail and no credit will be earned for the class. The work Experience class requirements are based on state, district, and school guidelines.

Directions: Write your initials on the line before each number to indicate you have read each.

GRADING and CREDIT

____ 1. For each grading period, the grade will be based on assignments, attendance, employer's grade, a notebook, and your paycheck stubs. Grades are CUMULATIVE.

____ 2. If you lose or change your job, you **must** notify me no later than the next class meeting. Otherwise, you may lose credit for working and receive a **FAIL**. You may not have more than 2 jobs per semester. **This is state law.**

____ 3. You must work on at least two school days or three consecutive days. **This is state law.**

____ 4. You must have proof that you have worked **90** hours in order to earn **five** credits or **180** hours to earn **ten** credits. Paycheck stubs are proof. **This is state law.**

___5. Paycheck stubs or copies of the paycheck stub must be turned in after each pay period. Paycheck stubs must show hour's worked, gross pay, tax deductions, and other legally required deductions. If you do not have the required numbers for hours for each grading period, you will be given a failing grade. Paycheck stubs are proof that you are working. **This is state law.**

___6. Keep copies of all your payroll records in case of discrepancy in hours or weeks worked.

___7. Your employer **must** have Worker's Compensation insurance for you or you may not take this class. **This is state law.**

___8. You must have the 'Business Partnership Agreement' signed by ALL parties involved.

___9. Self-employment and jobs such as babysitting, housework, gardening, and door-to-door selling will not count towards Work Experience credits. There must be a location (not your home) at which you can normally be contacted during working hours. **This is state law.**

ASSIGNMENTS AND MEETINGS

___1. This class meets every Wednesday at 7.30am. We meet in Room 210. Class time is scheduled once a week for an hour. Attendance is **MANDATORY**. You **must** attend class. **This is state law.** Not attending the scheduled classes will result in a Fail. Each absence will lower your grade by one letter.

___2. All class assignments are interactive and require participation in class. A weekly grade will be given on class participation. If you are absent or do not participate in class you will not receive any points for that class session. Written assignments may be made-up in a timely manner. No work will be accepted after 4 weeks have passed. Your employer's portfolio must be error free.

___3. It is **your RESPONSIBILITY** to do all of the assignments when you are absent. Please see the teacher if you have missed any assignments.

Employer Notification

Your employer will be notified when you are absent from class, do not complete assignments, do not bring in your paycheck stubs, and/or are in danger of failing. Your work permit will be **CANCELED** when it is evident you are not going to be able to pass.

Other Information

WEE students may work additional hours and past 10 PM at night. To work past 10 PM, you must complete additional paperwork.

We have read, understood, and will comply with all the class requirements and regulations. We acknowledge that any violation will result in a fail and no credit will be earned.

Print name of student

Student's signature

Date

Parent/Guardian signature

Parent's cell phone number

Student's cell number _____

Student's email address _____

Individual Training Plan

Student Name _____

Cell _____ Email _____

Work Experience Education is student participation in planned, supervised learning on a job requiring adult standards of performance. This learning takes place during part of the regular school day, is a joint responsibility of the school, the employer, and the student, and is offered on an equal basis with other subjects. Work Experience Education makes an important contribution to the practical aspects of the student's preparation for living, which may not be entirely provided by other school subjects.

Type of Work Experience Education: General

Each semester students enrolled in Work Experience Education are to list their own individual job duties, and identify specific worksite training objectives, i.e. "What will you learn at work this semester?"

Sample job duties:

1. Assist customers with purchases
2. Stock merchandise
3. Clean work area
4. Operate cash register

Sample worksite training objectives:

1. To learn customer assistance/sales skills
2. To learn how to inventory/stock store merchandise
3. To learn how and when to clean work areas
4. To learn how to operate the cash register accurately.

List the job duties:

1. _____
2. _____
3. _____

Write your worksite training objectives:

1. _____
2. _____
3. _____

It is understood that the Student, the Teacher and the Employer will work together to achieve the above objectives. If problems arise, efforts to correct them will be made. Either the school or the cooperating employer upon notification may terminate this agreement.

Student Signature

Date

Employer Signature

Date

PRINT Legibly:

Work Address _____

Cross Streets _____

Supervisor's Name _____

Training Plan

Responsibilities of the Student: The student will

1. Obtain a work permit regardless of age. Yes, even if I'm 18 years old.
2. Maintain satisfactory grades, good citizenship, and regular attendance.
3. Arrange a work/school schedule so as to have ample time for study and rest; this program requires health and energy.
4. Develop, achieve and maintain the student training objectives listed on the Individual Training Plan.
5. Comply with reasonable requests of the employer and follow directions as closely as possible.
6. Notify the employer in advance if illness or emergency prevents work attendance.
7. Consult the Work Experience Coordinator before quitting or changing jobs, and notify the Coordinator when changes are made.
8. Turn in timesheets/check stubs as required by the Work Experience Coordinator.
9. Attend class every Wednesday at 7.30am in Room 210 and complete assignments as required.

Student Signature

Date

Responsibilities of the Parent/Guardian: The parent/guardian will

1. Approve the student's job and enrollment in the Work Experience Education program.
2. Assist the student in complying with the above student responsibilities.
3. Relieve the Board of Education, the school District and any employees thereof of any liability in connection with claims arising at an off-campus job site.
4. Assume full responsibility for the student and his/her actions during the time that he/she is in transit between the school, the place of employment, or his/her home.

Parent/Guardian Signature

Date

Responsibilities of the School: The Work Experience Teacher–Coordinator will

1. Inform the student of program rules and regulations and issue a work permit (if a minor) for the approved training site.
2. Verify the student is eligible to enroll in Work Experience Education.
3. Grant school credits as determined in the Work Experience Education District Plan meeting the minimum requirements for hours and weeks of work, the requirements for Related Classroom Instruction and attendance, and employer evaluations.

Work Experience Teacher Signature

Date

Responsibilities of the Employer: The employer will

1. Offer a reasonable probability of continuous employment for the student during the current school semester.
2. Provide responsible supervision and adequate equipment and materials to facilitate learning at a worksite that will not endanger the health, safety, welfare, or morals of the student.
3. Confer with the Work Experience Coordinator regarding the student's progress on the job.
4. Pay the student at least the minimum wage, provide a detachable itemized statement of deductions with every paycheck, and issue a W-2 Form, not a 1099 Form. (Exploratory Work Experience Education enrollees are excepted).
5. Provide, as required by law, adequate workers' compensation insurance for employees. (Except for Exploratory Work Experience Education students).

Name of Workers' Compensation Carrier: _____

6. Maintain accurate records of student's attendance on the job and make these available to the Work Experience Coordinator.
7. Assure that the students will be accepted and assigned to jobs and otherwise treated without discrimination on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, mental disability, or physical disability.

Name of Company/Firm

Employer Signature

Date

Los Angeles Unified School District
Work Experience Education

Original: In student's WEE file.
Copies to: Employer and Parent

Supplemental Agreements

Name _____ Date of Birth _____
School _____
Employer _____ Address _____
City _____ Zip _____ Telephone _____

Work Past 10 PM

The above named 16 or 17 year-old student is enrolled in an approved work experience education program and may be employed to work between the hours of 10:00 p.m. and 12:30 a.m. daily. This is by special agreement with the school district work experience program, the student's employer, and his/her parent/guardian.

The agreement may be terminated by any of the signee's if they feel working these hours is detrimental to the health, education, and welfare of the involved student.

This agreement was legalized by the enactment of AB 704 Wood, 1974) and adds Section 1391.1 to the Labor Code. Provisions of the bill indicate that students working between 10:00 p.m. and 12:30 a.m. Will be paid no less than the regular adult minimum wage.

Signed:

_____	_____	_____	_____
Principal or Counselor	Date	Parent/Guardian	Date
_____	_____	_____	_____
Work Experience Teacher	Date	Employer	Date

Work more than 4 hours

The above named student is enrolled in an approved work experience education program and in accordance with Education Code, 49116, with special permission may be allowed to work more than 4 hours on a school day.

The undersigned person's agree that the student's schoolwork and health will not be impaired by the employment, and for his/her best welfare, the extra hours of work should be approved.

Requested hours of work on a school:

From _____ a.m./p.m. to _____ a.m./p.m., for a total of _____ hours per school day.

Signed:

Principal or Counselor Date

Parent/Guardian Date

Work Experience Teacher Date

Employer Date