



Education and Workforce Development Cabinet Work-Based Learning Agreement Plan

Date:

WBL Type (Check one): Co-op/Tiger Works Internship Shadowing Apprenticeship/TRACK

Student Last Name:		First Name:		MI:	
SSID Number:		Date of Birth:			
Address:			City:		
Phone Number:			State :	Zip:	

School					
Address:		City:			
Phone Number:		State:	Zip:		

Program Area: (if applicable)		Career Goal:			
Teacher Name: (if applicable)					
Coordinator Name:					
Company Name:			Phone:		
Address:			E-Mail:		
City:		State:	Zip:		
Contact:			Hours Per Week:		
Job Title:			Start and End Dates:		
Work Schedule (Days & Hours):			Hourly Wage: (if applicable)		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:

2:

3:
4:
5:
Equal Employment and Education Opportunities M/F/D

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer’s interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school including following all safety mandates and dress policies. •
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.
- Abide by Kentucky’s Healthy at Work and Breckinridge County Public Schools Healthy at School guidelines for all student experiences and placements.
- Be willing to work with no expectation of wages or permanent employment

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student’s work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.
- Review all applicable safety procedures; identify and coordinate insurance and liability issues.
- Ensure an evaluation procedure for the WBL Plan is in place.
- Keep the school and community informed regarding all aspects of the program.
- Provide recognition and appreciation for business/industry and school personnel involved in the program.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student’s safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student’s performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Provide safety training as required by OSHA; notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.
- Ensure that all supervising employees have completed a criminal background check
- Abide by Kentucky’s Healthy at Work and Breckinridge County Public Schools Healthy at School guidelines for all student experiences and placements.

**If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker’s Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky).

Signatures		Date	Signatures		Date
Employer:			Teacher:		
Administrator:			Parent/Guardian:		
Student:			Notarized Parent/ Guardian Signature		