

**ONslow COUNTY SCHOOLS
COMMUNITY WORK EXPERIENCE
EMPLOYER AGREEMENT**

Student Information

Student(s): _____

School: _____

School Contact: _____

Phone: _____

School Contact: _____

Phone: _____

Work Experience Information

Name of Business: _____

Type of Business: _____

Business Contact: _____

Phone: _____

Business Address: _____

Starting Date: _____

Work Tasks: _____

Supervision

Level of Supervision: Group

Independent

Check one of the following: one to one instruction small group instruction supervision in close proximity supervision in frequent, regular intervals supervision in intermittent intervals supervision provided by employer with school monitoring at least weekly

Supervision Provided By:

Print Name _____

OCS Staff Member

Print Name _____

Business Site-Supervisor

Transportation

Mode of Transportation: _____

By signing this agreement, all parties understand and agree that the employer derives no benefit from the activities of the student(s). A copy of this agreement will be retained by the business and the school.

Business Site-Supervisor Signature

Title

Date

OCS Staff Member Signature

Title

Date