

Eagle Academy ACE Work Experience Training Agreement

The purpose of this training agreement is to clarify the major individual responsibilities of the student, the parents, the teacher-coordinator, and the sponsor concerning the career and technical education work experience offered within the Douglas County School District. Emphasis is placed on training and career development of the student.

The Student's Responsibility is:

- To realize that any and all working responsibilities provided at a work site are important and helpful in providing experience in a professional workplace.
- To understand that he/she will be required to submit written paycheck stubs during the quarter and that school credit will be issued for satisfactory completion of work hours: 90 hours .25 credit, 180 hours .5 credit, 270 hours .75 credit, 360 hours 1.0 credit. Student employees earn elective credit based on these hours; there is no maximum of elective credit that may be earned.
- **Paycheck stubs must include appropriate documentation of Federal, State, and other applicable deductions and cannot be a personal check.**
- To provide written paycheck stubs to the ACE teacher-coordinator accurately documenting hours earned at the work site.
- To submit paycheck hours on the Eagle Academy website each time he/she is paid.
- To accept the responsibility for all transportation needs in regard to the work experience and to conform to all school and state regulations regarding vehicle operation, registration, licensing and auto insurance.
- To demonstrate honesty and integrity in regard to money, time and attendance at the work site.
- To acknowledge that school credit **may not** be issued if the student is dismissed from his/her job, or quits his/her job without **prior** approval of the teacher-coordinator.

Student: _____ Date: _____

Print Name: _____

Teacher-Coordinator Agreement:

- To provide an open line of communication with the parent, student and employer.
- To visit and communicate with the student's workplace, checking on student employee progress.
- To work closely with the student in the Career and Technical Education program, his/her parents/guardians and with the employer.

Douglas County School District certifies, pursuant to the Colorado Employment Security Act, that the student is enrolled in a Career and Technical Education program taken for credit that combines academic instruction with work experience. This employment experience is an integral part of the total program. Douglas County Schools is a public educational institution that maintains regular facilities and curriculum and has an organized body of students in attendance at the place in which educational activities are conducted.

Teacher/Coordinator: _____ Date: _____

Teacher/School Phone: _____

The Parent/Guardian's Responsibility is:

- To assume **full** responsibility for the student's work time, if applicable, and the transportation from school to work and from work to home.
- To contact the employer with knowledge of any life threatening medical conditions.
- To be sure that the student maintains auto insurance as per state requirements.

I have read and understand this agreement entered into by my son/daughter, and agree to be a supportive member of this team.

Parent Signature: _____ Date: _____

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Student Name: _____

The Employer/Training Sponsor's Responsibility is:

- To provide a **variety** of supervised training experiences that will contribute to the student's awareness of the world of work and the development of good work habits, attitudes, skills and knowledge.
- To instruct the student-employee in all safety procedures necessary for this position.
- To allow for student's personal growth by notifying the teacher-coordinator and the student if employment termination is at risk.
- To assure that students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex and/or disability.
- To pay wages which are at least equal to federal minimums and are comparable to other beginning employees. Workman's compensation benefits will be paid in the event that the student employee suffers a work related injury or occupational disease.
- To submit a certificate of workman's compensation insurance.

I have read and agree to provide a safe place for students and will provide him or her with training and workplace experiences.

Name of Business: _____

Address: _____

Phone Number: _____

Employer/Supervisor Signature: _____ Date: _____

Print Name: _____

Notes: _____

