GETTYSBURG AREA HIGH SCHOOL

1130 Old Harrisburg Road - Gettysburg, Pennsylvania 17325 - (717) 334-6254 #2
Main Office Fax (717) 337-4443 - Counseling Center Fax (717) 337-4439

Be Here, Be Involved, Be Committed, Be Kind - The Warrior Way

Jeremy A. Lusk, PRINCIPAL | Christine Biggins, ASSISTANT PRINCIPAL | Crystal Grossman, ASSISTANT PRINCIPAL | Kody Godsey, ATHLETIC DIRECTOR

Transition to Work Contract 2026-2027

Student Name: _____ Phone #: _____

Place of Employment: _____

Address of Employment: _____

Supervisor: _____

Supervisor Phone #: _____

Supervisor Email: _____

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Students in 12th grade may arrange a Transition to Work (Co-op) off-campus placement, and earn 1 credit for the successful completion of the program. As a Pass/Fail course, the credit is EXCLUDED from grade point average calculations.

Prior to submitting this form, you should have already secured employment. Throughout your time in the program, you will be required to submit your schedule (weekly), complete mini assignments in Canvas, and complete a writing prompt at the end of each marking period. You will be evaluated by your training supervisor once a marking period as well.

In order to schedule your Transition to Work placement please complete ALL of the information below. First, initial your responsibilities. Then, look over the Supervisor's responsibilities and have them initial each line of the agreement as well. You will be required to work a **MINIMUM of 10 HOURS A WEEK** in order to remain in the program. The majority of these hours should be completed during school hours. **ONLY** Mod 1 or Mod 4 can be used for the Transition to Work program.

Student Responsibilities – Please initial each of the statements below.

1) I agree to perform the assigned duties in a loyal manner and work to the best interest of all concerned. _____
2) I understand that I am responsible for transportation to and from my place of employment. _____
3) I agree to report job problems to my training supervisor and Mr. Kluck. _____
4) I will adhere to company policy and understand I can be terminated from my job the same as any other employee. _____
5) If I decide to change jobs, I will first communicate this with Mr. Kluck and then give two weeks' notice to my current employer. _____
6) If for any reason I'm fired or laid off from my current job I will have one week to obtain a new job or I will be subject to removal from the program. _____

7) I will attend school and work regularly and will adhere to the 10 hours a week requirement. IF I am unable to report to work, I will notify my supervisor and Mr. Kluck BEFORE the start of the normal work day. **_____**
8) To receive a "P" and earn 1 credit, I agree complete all required hours and complete all assignments in Canvas. **_____**

Supervisor Responsibilities – Please read, discuss, and initial each of the statements below:

1) The employee will be able to receive the required 10 hours a week throughout the semester they are in the program. **_____**
2) I will fill out a periodic evaluation on the job performance of the employee, which will be provided by the Mr. Kluck. **_____**
3) I will provide necessary safety instructions throughout the student training period. **_____**
4) Work in hazardous areas incidental to training shall be for short periods of time and supervised by a qualified person. **_____**
5) Employers will provide an environment free of sexual / other harassment with applicable clearances. **_____**
6) The employee will receive a pay check or pay stub for all hours they work. _____
7) I will communicate with Mr. Kluck any problems related to the employee's work performance prior to any termination. _____

We understand, agree to the conditions and statements contained in this agreement.

_____	_____	_____
Student (Print)	Student Signature	Date
_____	_____	_____
Parent (Print)	Parent / Guardian Signature	Date
_____	_____	_____
Supervisor (Print)	Supervisor Signature	Date

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Administration Approval (Student **DOES NOT** fill this portion out.)

_____	_____	_____
Coordinator (Print)	Coordinator Signature	Date
_____	_____	_____
Administration (Print)	Administration Signature	Date