

PINELLAS COUNTY SCHOOLS
DIVISION OF CAREER AND TECHNICAL EDUCATION
APPROVAL OF JOB PLACEMENT FOR COOPERATIVE EDUCATION STUDENTS

Date: _____

To be completed by Employer:

Employer: _____

Address: _____

Phone #: _____ Fax #: _____

Duties of Minor: _____

Name of Supervisor: _____ Title: _____

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Workman's Compensation insurance: yes _____ no _____ # of employees: _____

Insurance carrier: _____ Policy #: _____

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To be completed by Parent or Guardian:

I, _____, am the _____ parent _____ guardian of

_____, a student in the Cooperative Education Program
(name of student)

at _____ My child is seeking employment at the above
(name school)

named employer. As the parent/guardian it is my responsibility to determine whether or not the above-mentioned employer has Workman's Compensation insurance. If the employer is not statutorily required to have Workman's Compensation insurance, I understand that it is my responsibility to provide appropriate insurance coverage for my child as determined by me.

Parent/Guardian signature

Employer signature

District Veto: yes _____ no _____

Teacher/Coordinator signature