LAKELAND UNION HIGH SCHOOL

WORK-BASED LEARNING AGREEMENT

Lakeland Union High School is committed to maintaining strong communication between the student learner, the school, and the employer and/or community partner to achieve a positive educational experience. The parties are encouraged to contact the school with any questions or concerns relating to the work-based learning experience. As a part of thinking critically about expectations, Lakeland Union High School offers this **WORK-BASED LEARNING AGREEMENT** below.

Student Ir	nformation:									
Student no	ате:			Cell phone:						
Organizati	on Informatio	n:		-						
	ment Name:									
Are you a non-profit with 501(c)(3) status?										
Site placement address:										
Work Info	rmation: to be	completed by	the employer							
Supervisor:		Phone:		E	Email (work email address):					
	ist dates and tin		ner will be at site o	or worl	king on proje	ect:				
Mon.	Tue.	Wed.	Thu.	Fri.		Sat.	Sun.			
Other orga	Other organization requirements (criminal background check, TB test, orientation, application, etc.):									
** REQUIRED TO WORK 3 days a week during the school release time**										
Three goals for the student:										
1.										
2.										
3.										

Attend work-based learning meetings as designated by the work-based learning coordinator. ______ Complete all of the scheduled requirements for the duration of the program. Regularly check Google Classroom and my email for announcements, assignments, and information. Submit timecards/paystubs as assigned and required. Call the designated contact at my employer site if I am unable to make my regularly scheduled time. If you are absent from school because of illness, you are not able to attend work. This also applies to unexcused absences. ____ Advance notice requirements are to be determined with your employer. ____ Act in a professional manner and wear appropriate attire when at my employer site. Notify the work-based learning coordinator or supervising teacher if I am having problems relating to my employer site or experience. _____ Abide by and behave in accordance with the employer site's employee manual. You are required to work a minimum of 60 hours/trimester for a non-profit/school or 90 hours/trimester for profit businesses ______ Date: _____ Student signature:_____ address: As the Parent/Guardian of the above-noted student, I understand my child is participating in the above-described employment experience. I do not hold Lakeland Union High School responsible for transportation to and from the worksite. I accept responsibility for my student during work release hours out of the Lakeland Union High School building that may not be scheduled at the worksite. Parent/Guardian signature:_______ Date: ______ _____ Email address:____ As a work-based learning coordinator or supervising teacher using work-based learning in my course/district, I agree to: Collaborate with employer and/or community partner to set a site visit and evaluation schedule. Help students relate their employment assignment to their course curriculum and learning objectives. Address any problems relating to employment or placement during the duration of the program. Teacher signature: _____ Date: Phone: 715-356-5252 ext. _____ Email address: _____

As a student, I agree to and understand that I will: Initial after each bullet point.

As an Employer and/or Community Partner with Lakeland Union High School, I agree to:

- Adhere to all Wisconsin labor laws, including industry-specific regulations and safety requirements.
- Provide an orientation to the site in collaboration with the school-to-work coordinator or supervising teacher.
- Provide work experience to meet the requirements of the Skills Checklist developed with the work-based learning coordinator.
- Provide adequate training and supervision while the student learner is at the site.
- Meet regularly with the student to discuss any problems or issues that may arise.
- Inform student about any relevant or special events at the site.
- Provide timely feedback on the student's performance.
- Notify the work-based learning coordinator if I have problems with a student or any assignment.
- Understand that students will be part of my regular payroll and I will NOT pay my student on a cash-only basis.

Employer/Community Partner signature:	Date:			
Phone:	Email address:			