## VOCATIONAL TRAINING AGREEMENT

## **Humboldt County Office of Education WorkAbility Program**

Stu	nden <u>t</u>	Phone
Bu	siness	Phone
Sta	rt Date: to Completion of Workability	ty Approved Hours
	orkAbility is an "on the job" training program designed to provide cupational competencies (attitude, skills and knowledge) needed to	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	counsel and coach the student to maintain the integrity of the work site.  Provide Worker's Compensation coverage.	THE TRAINING SITE'S RESPONSIBILITIES:  1. Inform the student and supervisor of rules, regulations and duties expected of the student on the job.  2. Provide a work station and necessary equipment and supplies.  3. Abide by State and Federal laws pertaining to employment training. (A pupil trainee may not replace a paid employee.)  4. Designate a person in the work area as a contact person for work related questions.  5. Confer with the caseworker regarding the student's performance.  6. Inform the staff when planning to terminate a student's program.  7. Provide a variety of job tasks and responsibilities to help student become more aware of the many aspects related to the career area. Skills and tasks to be provided:    Site Representative Signature   Date
1. 2. 3. 4. 5. 6. 7.	DDENT'S RESPONSIBILITIES:  Follow the program and training site rules and regulations.  Notify the caseworker and the site of job related problems that are affecting job performance.  Maintain regular attendance and punctuality in school and at the job site.  Will not go to work if absent from school for other than excused reasons.  Notify the employer before due at work if an emergency prevents you from working.  Maintain a monthly time card at the worksite, signed by work contact person. Verify hours worked by signing time card.  Contact caseworker if a change in work schedule is necessary.  Ment Signature  Date	responsibilities of the school and job.  3. I understand that her/his work schedule may not coincide with regular school hours. I accept full responsibility for my son/daughter during those hours that he/she is not in class, not under the direction or supervision of a caseworker or not at the job site.  4. Arrange transportation for the student and accept liability if incurred. The school will not authorize or be held responsible for the mode of transportation.  5. If student will drive a vehicle, he/she will have ample personal insurance coverage while driving to and from school and to and from the training station. If student will not drive please write "WILL NOT DRIVE" in the space provided for insurance information.  Auto Insurance Company (if trainee will drive):  Policy No.  Print Name  Home Phone Work Phone
1111-E	IROP/TPP-Work/Forms_TPP-Wrk/TrainAgreeWA	Parent/Guardian Signature  Date  Student Signature (if 18 or older & not under conservatorship)  Date