VOCATIONAL TRAINING AGREEMENT
Humboldt County Office of Education
WorkAbility Program

Student ___________________________________________ Phone ____________________________

Business _________________________________________ Phone ____________________________

Start Date: _______________ to Completion of Workability Approved Hours

WorkAbility is an “on the job” training program designed to provide a student with “real” work experience to develop and refine occupational competencies (attitude, skills and knowledge) needed to acquire, adjust and advance in an occupation.

WORKABILITY RESPONSIBILITIES:
1. Inform the student of program rules, regulations and necessary forms.
2. Supervise the student on the site as necessary and assist in improving the job performance of the student.
3. Assist in modifying work tasks and adapt equipment as needed to meet individual student needs.
4. Maintain accurate and complete records on each pupil.
5. Correlate related learning activities in the classroom and assist with problems relating to learning experiences at the community training site.
6. Evaluate the quality of the work done by the students and counsel and coach the student to maintain the integrity of the work site.
7. Provide Worker’s Compensation coverage.
8. Provide minimum wage salary.
9. Provide training site with evaluation forms, necessary emergency information, and work permit copy (under 18 years old).
10. Other ________________________________

WorkAbility Staff Signature __________________________ Date __________________________

STUDENT’S RESPONSIBILITIES:
1. Follow the program and training site rules and regulations.
2. Notify the caseworker and the site of job related problems that are affecting job performance.
3. Maintain regular attendance and punctuality in school and at the job site.
4. Will not go to work if absent from school for other than excused reasons.
5. Notify the employer before due at work if an emergency prevents you from working.
6. Maintain a monthly time card at the worksite, signed by work contact person. Verify hours worked by signing time card.
7. Contact caseworker if a change in work schedule is necessary.

Student Signature __________________________ Date __________________________

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 __________________________

PARENT/GUARDIAN RESPONSIBILITIES:
1. Approve of my son’s/daughter’s work placement.
2. Encourage the student to effectively carry out the duties and 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 ________________

Parent/Guardian Signature __________________________ Date __________________________

Student Signature (if 18 or older & not under conservatorship) __________________________ Date __________________________