

Elmore County Technical Center Cooperative Education

Employer Documents

Definitions:

Training Station: Company name

<u>Work Site Physical Address</u>: Physical address of employment, for jobs where the physical location of work performed changes, put the physical address of the main office of the company.

<u>Supervisor/Mentor</u>: The name of the person that will be supervising the work of the student. This person will be the main point of contact between the coordinator and the employer. The student may and is encouraged to work under the supervision of other employees at the company.

<u>Supervisor /Mentor Email Address</u>: If your company does not provide company email addresses please leave this blank.

<u>Training Period Beginning and End Dates</u>: Training period begin date is the first day of school OR the date employment at the training station begins.

Instructions:

Students and Supervisors/Mentors should work together to complete the Training Agreement, Training Plan, and Safety Training Agreement. Parents/Guardians also need to sign the Training Agreement.

Supervisors/Mentors, please make sure you show students how to access their printable paystubs prior to completing the Wage & Hour Information Form.

This is a fillable PDF form. Please complete and either print and return to ECTC or email to <u>tara.baker@elmoreco.com</u>.

Contact Information: Tara Baker Cooperative Education & Work-Based Learning Coordinator Elmore County Technical Center 800 Kelly Fitzpatrick Drive | Wetumpka, AL 36092 PH: 334-567-1218 ext. 71406 | FX: 334-567-1417 tara.baker@elmoreco.com





TRAINING AGREEMENT

TO BE COMPLETED BY STUDENT AND EMPLOYER

Student's Name	Birth Date	Age
Training Station	_Student's Job Title	
Work Site Physical Address		
Supervisor /Mentor Tel	ephone	
Supervisor /Mentor Email Address		
Date Training Period Begins	Ends	
First day of school term OR first day of work if after first day of te	rm	Last day of school term

This training agreement briefly outlines the responsibilities of the student, parents, employer, and the CO-OP Teacher-Coordinator. The second part of this document is entitled "Training Plan" and consists of tasks and competencies for the specific student's career objective/pathway.

Parent/Guardian

- 1. Approves and agrees that the student may participate in Cooperative Education.
- 2. Encourages the student to effectively carry out the work experience requirements in all components of the program.
- 3. Assumes responsibility for the conduct of the student.
- 4. Arranges transportation for the student to and from the Cooperative Education site.
- 5. Holds school and CO-OP Teacher-Coordinator harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

Student

- 1. Complies with the rules and regulations of the Cooperative Education work-site.
- 2. Observes the same regulations that apply to other employees.
- 3. Adheres to all policies and regulations as set forth by school administration and the CO-OP Teacher-Coordinator.
- 4. Works an average of 4 hours each week or 8 hours each week if on Block Schedule.
- 5. Will not pursue additional part-time employment while enrolled in Cooperative Education.
- 6. Will not displace adult workers who can perform such work as assigned in the work-based experience.
- 7. Attends an annual employer appreciation if required by the CO-OP Teacher-Coordinator.

WBL Teacher-Coordinator

- 1. Assists in securing an appropriate work-based experience based on the student's career objective/pathway.
- 2. Works with the supervisor/mentor in developing a training plan for the student.
- 3. Communication/Contacts/Visits the Cooperative Education work-site at least once per month to contact the employer and student; verify that student's duties correlate with job description; observe working conditions; help develop progressive skill-building activities; observe and evaluate student progress; and/or resolve questions, issues, concerns, etc.
- 4. Counsels the student about his/her job progress, behavior, attitude, academics, etc.
- 5. Terminates employment/participation when it serves the best interest of the student as determined in collaboration with the employer.
- 6. Determines the student's final grade with input from the CO-OP mentor/supervisor for the Cooperative Education experience.

Employer/Training Mentor

Recognizes that the student is enrolled in a Work-Based Learning experience designed to prepare for a career.

- 1. Provides supervision and instruction in each of the applicable tasks listed on the Training Plan to assist the student in acquiring those competencies necessary for success in the career objective.
- 2. Evaluates and documents student progress.
- 3. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, or age.
- 4. Adheres to wage and hour, child labor, and all other federal, state, and local laws pertaining to student employment and safety.
- 5. Employs/interns the student for an average of 4 or 8 hours per week. (140 hours per Credit)
- 6. Completes the Cooperative Education Evaluation and returns it to the CO-OP Teacher-Coordinator by the required date.

(Parent/Guardian)

(Supervisor/ Mentor)

(Student)

(Co-Op Teacher/Coordinator)

(CTE Director)

(Date)

Elmore County Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Jamey McGowin (504 Coordinator/Title IX Coordinator) 100 HH Robinson Dr. | Wetumpka, Al 36092 | 334-567-1200 | jamey.mcgowin@elmoreco.com





Training Plan

TO BE COMPLETED BY STUDENT AND EMPLOYER

Student's Name:	Supervisor/Mentor Name:
Employer:	Job Title:

Directions: List each task (processes, knowledge, and skills) that will be performed by the student under the supervision/guidance of a work-place mentor. The student should rotate through different job experiences, ensuring that they are diverse, rigorous, and progressive. *This document will be used for discussion during monthly communication/contacts/visits and to prepare the work-based experience evaluation.*

Tasks
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Safety Training Agreement

TO BE COMPLETED BY STUDENT AND EMPLOYER

_______, a student in the work-based learning program at Elmore County Technical Center and an employee at _______ has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency; the student has been given instructions on what to do to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or in injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

Student's Signature	Date
Student's Printed Name:	
Employer's Signature	Date
Employer's Printed Name:	
Coordinator's Signature	Date

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Elmore County Technical Center Cooperative Education Wage & Hour Information



Cooperative Education (CO-OP) students' grades are resultant from the number of hours worked. All CO-OP Students must work a minimum of 140 hours per credit enrolled. Students are required to submit their paystub for approval at regular intervals – usually at the time they are paid. *For the purposes of CO-OP, paystubs must be generated by the accounting software used by the company or generated on company letterhead and cannot be hand-written*.

Please indicate below the method of paystub delivery.

(Student Name)	, a	student in t	the	Cooperative Education	i
program at Elmore County Technical Center and an employee	at	(Company			

Name)_____:

Receives a physical paycheck and paystub

Receives a direct deposit AND has access to an electronic version of paystubs AND has been trained and given access to view, download, and/or print paystubs.

Employer's Signature	Date
Employer's Printed Name:	
Student's Signature	Date
Student's Printed Name:	
Coordinator's Signature	Date