

Health Science Technology Education

Paid Work-Based Learning

Employment Project

Name _____

Date _____

Employment _____

Supervisor _____

Basic Facts

Employment Site _____

Address _____

City, TX Zip _____

Phone _____ Fax _____

Supervisor Name _____

Employment Department _____

The following staff work in my department (or business)

	<u>Name</u>	<u>Job Title (or primary responsibility)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Business hours are: Opening time: _____ Closing Time: _____

My working hours are:

Sunday from _____ to _____
Monday from _____ to _____
Tuesday from _____ to _____
Wednesday from _____ to _____
Thursday from _____ to _____
Friday from _____ to _____
Saturday from _____ to _____

Exact number of miles from school to my training station _____

Rules and Regulations of My Employer

Write a complete statement of your employer's rules for the following topics. Add other rules that are unique to your employment site.

Signing in (reporting to work) _____

Checking out (leaving for the day) _____

Leaving the facility for short periods during regular working hours _____

Meal hours _____

Rules governing break time _____

Personal items (where are they kept – coat, purse, backpack) _____

Procedure in case of tardiness _____

Procedure in case of absence _____

Rules regarding personal phone calls _____

Pay (how and when I receive wages) _____

How should employees be addresses (first name, last name, prefix, Mr/Ms/Mrs/Miss) _____

Use of gum or tobacco _____

Consumption of soft drinks/food during work _____

Handling of lost & found items _____

What is the procedure to follow in case of accident/incident _____

Location of office/department message center (where located and what's usually there) _

Department meetings (where, when, frequency) _____

Benefits of full time vs. part time employees (parking, vacation, sick leave, etc) _____

Employee evaluations _____

Rules unique to my employer _____

History of My Employment Site

When founded _____

By whom _____

Former/other locations _____

Early challenges and opportunities _____

Number of employees when founded _____

Number of employees now _____

Mission of the company _____

Other interesting facts about the company _____

My Duties

Make a complete and detailed list of things you do on the job. Arrange them in chronological order, if possible, and identify the percentage of time spend on each task.

PERCENTAGE

TASK LIST

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Organizational Chart

Prepare an organizational chart for your employment or department. Use a flow chart style format.

Visual Presentation

Take a minimum of twelve pictures/photographs and create a visual display of your employment site depicting your training station and duties. Obtain permission from your supervisor before taking pictures and discuss any rules related to photography specific to your employer.