

Grade _____
Age _____
Sex: M ___ F ___

Time of day related class meets _____

TRAINING PLAN AGREEMENT
Unpaid Work-Based Instruction

STUDENT _____ SOCIAL SECURITY NUMBER _____

_____ Clinical Rotation _____ 12109500 _____
(Occupational Objective – Work-Based Learning /WBL Training Area) (PEIMS Code)

PROGRAM AREA Health Science Technology Education SCHOOL CAMPUS _____

SCHOOL DISTRICT _____ COMPANY NAME _____

SAMPLE

The student agrees to diligently perform the work-based training experiences and conscientiously pursue the coordinated classroom course of study as outlined in the attached training plan. Work-based training experiences will be assigned by the training sponsor and performed according to the same company policies and regulations applicable to regular employees. The student agrees to take advantage of every opportunity to improve his or her efficiency, knowledge, and personal traits in order to pursue further education and enter the chosen occupation as a desirable employee.

The company and school are responsible for providing students with opportunities for training in the basic skills of an occupation and knowledge of related technical information. In order to provide a systematic plan for well-rounded training, a schedule of work-based training experiences and a parallel classroom course of study have been coordinated and agreed upon by the training sponsor and teacher-coordinator.

It is understood that the work-based training experiences will be unpaid. In order to qualify for an exemption from wage requirements, all six of the following criteria must be met: training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in a vocational school; training is for the benefit of the students; the students do not displace regular employees, but work under their close observation; the employer that provides the training derives no immediate advantages from the activities of the students, and on occasion operations may actually be impeded; the students are not necessarily entitled to a job at the conclusion of the training period; and the employer and the students understand that the students are not entitled to wages for the time spent in training.

The training period begins the _____ day of _____, 20____, and extends through _____, _____.

There will be a probationary period of _____ days during which the interested parties may determine if the student has made a wise choice of an occupational training area, and if the training should be continued.

This plan may be terminated for just cause by either party without recourse.

Students will be accepted and assigned to training stations without regard to race, color, creed, national origin, sex, or handicapping condition.

DO ANY TASKS FALL UNDER U.S. DEPARTMENT OF LABOR HAZARDOUS OCCUPATION ORDERS: YES _____ NO _____

If Yes, the EXEMPTION for APPRENTICES and STUDENT LEARNING will APPLY for TASKS COVERED BY HAZARDOUS OCCUPATION ORDERS #5,8,10,12,14,16 AND 17 (see attachment) to the extent:

- 1) The hazardous work of the student learner/apprentice is incidental to the training;
- 2) Such work shall be intermittent and for short periods of time and under the direct and close supervision of a journeyman if the student is an apprentice or a qualified and experienced person if a student learner;
- 3) If the student is to be employed as an apprentice, the apprenticeable trade must be registered by the U.S. Department of Labor, Bureau of Apprenticeship and Training;
- 4) Safety instructions shall be given by the school and correlated by the employer with on-the-job training; and
- 5) A schedule of organized and progressive work processes to be performed on the job shall have been prepared (see reverse side).

The school, the training sponsor, and the student will endeavor to cooperate with each other to insure that the applicable exemption is satisfied.

SIGNATURE APPROVALS

(Student) Date

(Training Sponsor) Date

(Parent or Guardian) Date

(Teacher-Coordinator) Date

(Note: Each party to this agreement should receive a signed copy. Keep the original or a copy with the student's permanent record, and for students with disabilities, the Individual Transition Plan.)

