

WORK-BASED LEARNING

 TRAINING AGREEMENT

“The greatest teacher I know is the job itself.”

James Cash Penney

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**WORK BASED LEARNING AGREEMENT**

* Please print and fill in all blanks. (N/A if non-applicable)
* No Pencil, blue or black ink only
* Do Not Fold

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Career Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District: \_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Assigned Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Assigned Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Supervisor Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worksite Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Career Pathway/Program of Study/Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the WBL Placement aligned to student’s Individual Graduation Plan (IGP)? Yes or No

Is the Work-Based Learning Placement paid? Yes No

Pay Rate: \_\_\_\_\_\_\_\_

Is the WBL placement tied to a credit-bearing course? Yes No If yes, what is the course code? \_\_\_\_\_\_\_\_\_\_

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| **Learning Standards/Job Duties (Tasks and responsibilities established by worksite supervisor)** |

Is School Insurance coverage provided? Yes No

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special medical information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DMTC Instructor Work Based Learning Coordinator**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Student**

**(Items below require Instructor/Personnel initials) Please use n/a if not applicable**

**\_\_\_\_\_\_\_**Class fees paid (if applicable) \_\_\_\_\_\_DMTC Student Insurance & Release Form on file \_\_\_\_\_Current DMTC grade (if applicable)

\_\_\_\_\_\_\_ Medical/Health Plan on file (if applicable)

**Daniel Morgan Technology Center**

**Training Agreement for WBL Career and Technology Education**

All Parties Agree to The Following:

1. If a monetary wage is paid, it should be fair compensation and include a provision for equal pay for equal work.
2. The training shall be on-the-job and in the related career area to facilitate the process by which the trainee will become proficient in the occupation.
3. The coordinator of the cooperative training will coordinate the on-the-job experiences, will contact the on-site supervisor, and will work cooperatively with the employer to provide the necessary guidance.
4. The parent or guardian shall be responsible to the school for the student who is participating in the cooperative method of instruction. Students are responsible for maintaining the WBL documents and contacting the school in case of absence. Specific documents will be turned in at the end of the WBL experience. (i.e. time sheets, safety log, evaluation of experience)
5. Safety instructions will be provided by the employer as well as a safe work environment
6. Worker’s compensation will be provided as specified in the training plan.
7. This agreement may be terminated after consultation with the coordinator, for due cause, or for unforeseen business conditions. Students may lose co-op positions if they do not contact coordinator on days when sick and out of work.
8. The training agency shall conform to all state, federal, and local laws, provide the student with a variety of learning experiences, and shall provide a progress report for the student for each grading period.
9. Students will be accepted and assigned to jobs and receive equal treatment without regard to race, color, national origin, sex, handicap, or other disadvantage.
10. Abide by all policies and procedures contained in handbook/written plan not listed above.
11. Daniel Morgan Technology Center shall not be responsible for any medical or other costs incurred because of the Work Based Learning experience.

# WORKERS COMP

#  Daniel Morgan Technology Center – Provider: SC School Boards Worker’s Comp Insurance Trust

**LIABILITY**

**Daniel Morgan Technology Center-Selective Insurance Company of America**

**AUTO INSURANCE PAID BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPANY/UNDERWRITER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL PRINCIPAL OR DESIGNEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAREER CENTER DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL TO CAREER COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DMTC INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ONE COPY FOR EMPLOYER FILE, INSTRUCTOR, AND STUDENT HANDBOOK



Student Return Schedule

2022-2023

REPORT TO DANIEL MORGAN TECHNOLOGY CENTER ON:

Monday, August 15, 2022

Friday, October 14, 2022

Friday, December 9, 2022

2nd Semester

Tuesday, January 3, 2023 – (new co-op students only)

Friday, March 10, 2023

Friday, May 12, 2023

These dates are subject to change, you will be notified if a change is made.

Coordinator: Gary Barnard

garyb@dmtconline.org

864-279-6950 (w)

864-580-3115 (c)

**STUDENT RESPONSIBILITIES DURING THE**

**WORK BASED LEARNING EXPERIENCE**

* **Attend school and work daily. If you cannot report to work, notify Mr. Barnard and your supervisor immediately.**
* **Report to your DMTC class if you are not working on *any* school day.**
* **Exhibit courtesy, a cooperative attitude, proper grooming/attire/safety, a willingness to learn, good work ethic, and always be on time for work.**
* **Conform to all rules and regulations of the employer.**
* **Remain in your Work Based Learning position until discussing any issues with Mr. Barnard. Contact Mr. Barnard about any problems or concerns.**
* **Maintain passing grades in all high school classes.**
* **Maintain good attendance in school and work (have no more than 5 unexcused days). Poor attendance will result in dismissal from Work Based Learning.**
* **Exhibit proper conduct at school and on the job. An out-of-school suspension will result in dismissal from Work Based Learning.**
* **Report to DMTC on assigned dates and bring required paperwork. (See page 4)**

**I understand and agree to the above Work Based Learning responsibilities.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

 **Work Based Learning Date**

**Student Signature**

**COOPERATIVE EDUCATION STUDENT TERMINATION**

**A STUDENT MAY BE TERMINATED FROM THE WORK BASED LEARNING EDUCATION PROGRAM FOR THE FOLLOWING REASONS:**

* Student does not adhere to procedures/rules for Work Based Learning education.
* Student’s conduct fails to meet requirements (out of school or multiple in-school suspensions).
* Student’s high school grades fail to meet minimum requirements.
* Student does not meet employer’s expectations and evaluations are unfavorable.
* Employer experiences economic conditions that require a reduction in workforce.
* Coordinator feels that an adjustment or change in the training experience or site is necessary.
* Other reasons which warrant termination of the Work Based Learning agreement as determined by school administration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Based Learning Date

Student Signature



**Accident/Injury Procedures for Work-Based Learning Students and Employers:**

1. Report occurrence to supervisor.
2. Seek medical assistance (if necessary).
3. Contact parent.
4. Contact Daniel Morgan Technology Center-(864)279-6900. (Mr. Barnard, Mr. Roberts, Mr. Nance, or Mrs. Fields) *After school hours, contact* Mr. *Barnard-580-3115*
5. ***If the student must have urgent care, have the parent/guardian meet you at the healthcare facility.***
6. ***Parent should be responsible for any medical charges so that Worker’s Comp can reimburse the parent directly.***
7. Complete the DMTC Accident or Injury Report Form.

I have read and understand the Accident/Injury Procedures.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Daniel Morgan Technology Center**

**Safety Training Agreement**

|  |  |
| --- | --- |
| Student Name | Date |
| Business Name | Job Title |
| Supervisor Signature | Student Signature |

|  |
| --- |
| **Safety Considerations for this position** |
|  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| PPE | Yes | No | When |
| Safety Glasses |  |  |  |
| Safety boots/shoes |  |  |  |
| Ear protection |  |  |  |
| Face Mask |  |  |  |
| Respirator |  |  |  |
| Vinyl gloves |  |  |  |
| Work gloves |  |  |  |
| Hazardous Chemical Concerns |  |  |  |

**Employer Agrees to:**

|  |
| --- |
| 1. Not to allow the student to operate any type of vehicle (unless the student is 18 and has parent permission
 |
| 1. To provide a place for training that is free of obvious hazards that could cause potential injury or harm to the student.
 |
| 1. To provide orientation and safety instruction prior to the student operating any power equipment.
 |
| 1. To monitor the student’s use of all required safety equipment and procedures.
 |
| 1. To limit the student’s operation of any OSHA approved power equipment.
 |
| 1. To only allow the student to operate power equipment listed in the training plan.
 |

**Student Agrees to:**

|  |
| --- |
| 1. Not to operate any type of vehicle (unless student is 18 AND has parent permission)
 |
| 1. To only operate power equipment listed in the training plan.
 |
| 1. To use common sense and caution at all times, especially when operating or around power equipment.
 |
| 1. To use the safety equipment listed above and any additional safety equipment requested by the employer.
 |
| 1. To follow proper procedures when operating equipment and performing training activities.
 |

*Work-Based Learning Hazardous Occupation Exemption Form*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a student at

 (Name of student)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SC, and will be participating in a Work-Based

(Name of School) (City)

Learning experience at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SC, and will be

 (Worksite Name) (City)

1. The work of the student in the occupation declared hazardous shall be incidental to this training and shall be under the direct and close supervision of a qualified and experienced person.

 2. Safety instructions shall be given by the school and correlated by the employer with on-the-job training. Documentation will be kept regarding type, amount, and process for safety training.

3. A schedule of organized and progressive work processes to be performed on the job shall have been prepared and agreed upon by the employer and school representative.

We certify that the conditions mentioned above will be fulfilled.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervising Teacher or WBL Coordinator)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Worksite Employer)

Memo

|  |  |
| --- | --- |
| To: | Work-Based Learning Employers |
| From: | Gary Barnard |
| cc: | Heath Roberts |
| Date: | 2022-2023School Year |
| Re: | Inclement Weather AND Attendance Accountability |
|  |  |

# **Policy for Work-Based Learning students in the event of inclement weather.**

In an effort to keep our students safe, if Spartanburg School Districts 3 or 7 are closed due to inclement weather, students participating in the Work Base Learning/Co-Op program should not report to work.

# **Attendance Accountability**

Because our students are not on campus during their work base learning experiences, it is critical that we keep their attendance records accurate. This policy applies to *all* absences *regardless* of whether or not the student has given you previous notice for having to miss work. Thank you for helping us with this important piece of Work-Based Learning.

**If a student learner misses work between 8:00am and 3:00p.m., please notify Gary Barnard via email so that the student’s attendance can be recorded as absent.**



Daniel Morgan Technology Center

201 Zion Hill Road

Spartanburg, SC 29307

Permission to Use Photograph

Subject: Work-Based Learning\_\_\_\_\_\_\_\_\_\_

Location: Work-Based Learning Sponsor Site

I grant to Daniel Morgan Technology Center, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Daniel Morgan Technology Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Daniel Morgan Technology Center may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If the student is under age 18)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WBL Safety Training Log**

The following safety training log should reflect the training requirements appropriate for the student’s job description and align with the required trainings of the business.

|  |  |
| --- | --- |
| **Student Name:** | **Work Site:** |
| **Address:** | **Address:** |
| **City/Zip:** | **City/Zip:** |
| **Phone:** | **Phone:** |
| **DOB:** | **Supervisor:** |

**Student’s Responsibilities/Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Safety Training Topics\*** | **Trainer’s Name** | **Location** | **Date Provided** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |

\*If additional space is needed, attach and extra sheet of paper.

**SIGNATURES**

|  |  |
| --- | --- |
| **STUDENT** | **DATE:** |
| **SUPERVISOR** |  |
| **WBL COORDINATOR** |  |