

DISTRICT SCHOOL BOARD OF PASCO COUNTY **COOPERATIVE EDUCATION STUDENT AGREEMENT**

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School

Coordinator

Federal Tax ID/Employer Identification #_____

Upon acceptance into this On-the-Job (OJT) Training Program, and after discussing the responsibilities I have in participating in this program with my On-the-Job Coordinator, I agree to the following:

- 1. I will abide by all rules and regulations as established in the Florida Child Labor Law and the Federal Fair Labor Standards Act provisions and the District School Board of Pasco County Code of Student Conduct.
- 2. I will obtain a Social Security card and proof of age.
- 3. On days I am absent from school or assigned to in-school suspension, I should not go to work without the specific approval of the Coordinator.
- 4. I will be present and on time to both school and work.
- 5. I agree to notify my employer and my Coordinator by ______ in case of necessary absence.
- 6. Prior approval of the Coordinator will be needed for a job change. I understand I will lose my co-op credits if I fail to notify the Coordinator.
- 7. I am not assigned or assured a job. The employer and I will discuss employment opportunities at the time of the job interview. I am responsible for providing my own transportation to and from my job.
- 8. I will have a combined school/work week that does not impair my health and/or studies. I am required to work the minimum number of hours applicable to my co-op program. Recommended hours are no less than 15 hours or no more than 30 hours per week. Permission is required outside these limits.
- 9. I will keep the Coordinator informed of any problems, changes in schedule or situations that may affect me on the job or in school.
- 10. I will be dropped from the co-op program and may lose course credit(s) if I am discharged for acts such as theft of money or merchandise or any serious infraction of employment regulations.
- 11. I may be required to work weekends and during school vacations.
- 12. I understand that my employer will routinely evaluate my work performance and will discuss my progress with the Coordinator. The Coordinator will base my grade for work experience on the ratings, interviews, and personal observations.
- 13. I will represent this Cooperative Training Program (at school, work, and in the community) in such a manner as to reflect a positive image of myself, the co-op program, as well as the District School Board of Pasco County.
- 14. I understand that a fee supported Career and Technical Student Organization is an integral part of the curriculum and is available at each high school.
- 15. I understand that I am required to keep accurate employment records and will submit these records to the Coordinator on a regularly scheduled basis.
- 16. I understand that I will only earn credit for employment in a business that has a valid Federal Tax ID#.
- 17. I will submit my first pay stub for the new school year and/or the first pay stub for any subsequent job change. Identifying Social Security information should be removed prior to submitting the pay stub to the Coordinator. In the absence of a pay stub, I will submit a check from the business and a copy of the business' occupational license. If available, an IRS 1099 is acceptable documentation.
- 18. I understand that my training site must be appropriate for my career goals and approved by my Coordinator.
- 19.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS AND DO HEREBY AGREE TO FULFILL THEM TO THE BEST OF MY ABILITY. EACH OF THE PARTIES TO THIS AGREEMENT HEREBY AGREES TO INDEMNIFY AND HOLD THE OTHER PARTY HERETO HARMLESS FROM AND AGAINST ALL DAMAGES OF ANY NATURE WHATSOEVER WHICH ARE CAUSED OR MATERIALLY CONTRIBUTED TO BY ANY OFFICER. EMPLOYEE, AGENT OR OTHER REPRESENTATIVE OF THE INDEMNIFIED PARTY.

Student Signature

Date

I HAVE READ THIS AGREEMENT AND DO HEREBY GIVE MY PERMISSION FOR PARTICIPATION IN THE CO-OP PROGRAM. I WILL ASSUME RESPONSIBILITY FOR INSURANCE COVERAGE FOR THE PARTICIPANT, AND SIGN THE PARENT RELEASE FORMS FOR FIELD TRIPS AND OTHER CLUB ACTIVITIES.

Parent or Guardian

Date