Logo, company name

Description automatically generated

1655 E. Beltline Ave. NE Grand Rapids, MI 49525

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| **Training Agreement** | | | | | | | | | | | |
| Paid Work Experience  Unpaid Work Experience | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | |
| **First Name:** | | | | | **Last Name:** | | | | | | |
| **Street Address:** | | | | | **City:** | | | **State:** MI | | **Zip:** | |
| **Date of Birth:** | | | **Age:** | | **Emergency Contact Name:** | | | | | | |
| **Student Cell Phone:** | | | | | **Emergency Contact Phone:** | | | | | | |
| **Student Email:** | | | | | **Emergency Contact Relationship:** | | | | | | |
| **Sending District:** | | | | | **Sending School:** | | | | | | **Grade:** |
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| **PROGRAM INFORMATION** | | | | | | | | | | | |
| **CTE Program:** | | | | | **Instructor:** | | | | | **Session:** | |
| **CIP #:** | | **PSN #:** | | | **Dates of Safety Training:** | | | | | | |
|  | | | | |  | | | | | | |
| **EMPLOYER INFORMATION** | | | | | | | | | | | |
| **Company:** | | | | | **Contact:** | | | | | | |
| **Street Address:** | | | | | **City:** | | | **State:** MI | | **Zip:** | |
| **Phone:** | | | | | **Email:** | | | | | | |
| **Worker’s Comp Carrier:** See ACORD | | | | | **Liability Carrier:** See ACORD | | | | | | |
| **Workers Comp Policy #:** See ACORD | | | | | **Liability Policy #:** See ACORD | | | | | | |
|  | | | | |  | | | | | | |
| **EMPLOYMENT INFORMATION** | | | | | | | | | | | |
| **Job Title:** | | | | | **Date Employment Begins:** | | | | | | |
| **Starting Wage:** | | | | | **Date Employment Ends:** | | | | | | |
|  | | | | |  | | | | | | |
| **SCHEDULE INFORMATION** | | | | | | | | | | | |
|  | **Monday** | **Tuesday** | | **Wednesday** | **Thursday** | | **Friday** | | **Saturday** | | **Sunday** |
| **Start Time** |  |  | |  |  | |  | |  | |  |
| **End Time** |  |  | |  |  | |  | |  | |  |
| **Training Plan** | | | | | | | | | | | |
| **REQUIREMENTS** | | | | | | | | | | | |
| * Student is enrolled in a related school training program * Student is employed under a written agreement which provides:   + That work in the occupations declared particularly hazardous be incidental to the training   + That such work shall be intermittent and for short periods of time and under direct and close supervision of a qualified person   + Safety instructions are to be provided by school and employer with on-the-job training   + A written progressive work process schedule   + Signatures of student, parent, employer and WBL   + Agreement must be kept on file by WBL and employer   + EDP Relates to Placement and Placement relates to CTE Program | | | | | | | | | | | |
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| **SUMMARY OR PERFORMANCE ELEMENTS/JOB SKILLS** | | | | | | | | | | | |
| **In order for this training agreement to be valid, a related training plan for the student must be outlined below with specific performance elements/job skills the student will be learning.** | | | | | | | | | | | |
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| **Paid Work Experience**  Eligible work hours for students under the age of 18:   * 6:00 am to 10:30 pm when school is in session * 6:00am to 11:30pm when school is not in session   Work hours cannot exceed 24 hours per week (with the exception of summer) | | | | | | **Unpaid Work Experience**   * Specific, unduplicated skills the student will be learning must be listed on the training plan for each 45-hour placement. * Students are not entitled to a job or wage * Limit of 45 hours per specific career experience unless training new training goals are added * Work hours cannot exceed 24 hours per week for students under the age of 18 | | | | | |
| **Initial Site Visit** | | | | | | | | | | | |
| **INITIAL VISIT INFORMATION** | | | | | | | | | | | |
| **Date of Visit:** | | | **MIOSHA Safety Check Complete:**  YES  NO | | | | | | | | |
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| THE HAZARDOUS OCCUPATIONS ORDERS FOR NONAGRICULTURAL OCCUPATIONS UNDER THE FAIR LABOR STANDARDS ACT \*\* Hazardous Occupations Orders Nos. HO5, HO8, HO10, HO12, HO14, HO16, and HO17 contain exemptions for 16 and 17-year-old student learners and apprentices provided they are employed under the following conditions. This exemption for employment may be revoked if reasonable precautions have not been observed. The above exemptions apply only if the student learner/apprentice is supervised under the above provision. | | | | | | | | | | | |

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| **Student Responsibilities**   * Follow the policies/procedures of the employer and Kent ISD Secondary Programs * Complete all required paperwork (Training Agreement/Training Plan/Time Sheets) * Report any training agreement/training plan changes to the Work-Based Learning Coordinator – CTE only * Adhere to all safety requirements specific to this placement as identified by MI-OHSA and their supervisor * Maintain good attendance in school and a passing grade in the related course. * To be responsible for transportation to and from worksite and be in assigned location on days and times scheduled.   **Kent Career Tech Center Responsibilities**   * The placement relates to the student’s career/education goals as outlined in their education development plan (EDP). * The occupationally certified instructor makes at least one visit every nine weeks, to the training site. * Ensure student is regularly supervised by certified instructor and provided instruction in areas of skill attainment and work safety * Daily attendance is recorded and or WBL time sheet/employer work performance is signed by student and employer * designee every week and turned in to WBL to be logged and filed with Training Agreement/Training Plan. * The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act. * Related instruction/safety will be provided by the Kent Career Tech Center   **Employer Responsibilities**   * Provide a work schedule of sufficient length to develop competencies for the occupation * Complete a Work-Based Learning evaluation and verify attendance when requested * Not to terminate a student without first consulting with the Kent Career Tech Center staff. * Give necessary safety instructions before student attempts any job task relating to hazardous equipment * Provide direct adult supervision (Adult must have NO criminal background) * Must keep a record of training agreement/training plan, hours worked with starting & ending times   This training agreement/training plan does not allow the employer or student to deviate Michigan or Federal wage or hour’s laws. Failure to comply with the below items would result in the termination of this agreement.  NOTICE OF NONDISCRIMINATION: Kent ISD is an equal opportunity institution. Kent ISD does not discriminate  on the basis of race, creed, color, national origin, age, sex, physical/mental disability or veteran status in its educational programming, enrollment, employment or contracting. The Coordinator for Title IX, Section 504,  the Age Discrimination Act and Title II is Coni Sullivan, Esq., 616.364.1333. | | |
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| Student Signature | | Date |
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| Parent/Guardian Signature | | Date |
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| WBL Coordinator Signature | | Date |
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| Instructor Signature | | Date |
|  | |  |
| KCTC Principal or Designee Signature | | Date |
| *The signature of the employer below certifies that the employment of the student learner will conform to all federal, state and local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability.* | | |
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| Employer Signature | Employer Printed Name | Date |

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| **Follow Up Site Visits** | | | | | | |
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| **9-WEEK FOLLOW UP VISIT 1** | | | | **Date:** | | |
| **Employer Comments** | | | **WBL Coordinator Comments** | | | |
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| WBL Coordinator Signature | | | | | Date |
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| Employer Signature | | | | | Date |
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| **9-WEEK FOLLOW UP VISIT 2** | | | | **Date:** | | |
| **Employer Comments** | | | **WBL Coordinator Comments** | | | |
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| WBL Coordinator Signature | | | | | Date |
|  | | | | |  |
| Employer Signature | | | | | Date |
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| **9-WEEK FOLLOW UP VISIT 3** | | | | **Date:** | | |
| **Employer Comments** | | | **WBL Coordinator Comments** | | | |
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| WBL Coordinator Signature | | | | | Date |
|  | | | | |  |
| Employer Signature | | | | | Date |