

COOPERATIVE WORK EXPERIENCE EDUCATION (CWEE) AGREEMENT

Subject #

Section #

Term: _____ | Year _____

Student's Name:	Student ID#:
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Has permission to register for & will receive _____ credits upon working a total of _____ hours and successfully completion of the work experience with:

Company/Worksite:	Supervisor's name:
Workers compensation insurance paid by	Workplace Learnings Objectives
Work site College Work study No Coverage	Please refer to objectives submitted via College Central Network.

EMPLOYER/WORK SITE RESPONSIBILITIES:

The employer/work site will adhere to all State and Federal regulations regarding safe working environment and conditions, employment, child labor laws, minimum wages and workers' compensation.

The employer/work site supervisor will supervise the student in achieving his/her learning objectives. The employer/work site supervisor will assist the faculty in the evaluation of the student and verify the student's timesheet summary statement for the duration of the class. The employer/work site supervisor agrees that if a student is to be paid, the Employer will be held responsible for providing worker's compensation insurance coverage for the student. If the student is to be paid, the student is considered an employee of the Employer. This is not an employment agreement, and the employer/work site reserves the right to take immediate corrective action should an issue arise with a student and shall inform the CWEE office of any such measures. It is also recognized that the employer/work site has full authority in regard to taking first measures to resolve the problem to our satisfaction. The employer/work site supervisor agrees to maintain a safe work environment, free from discrimination and harassment on the grounds of age, handicap, disability, national origin, marital status, parental status, religion, or sex. The employer/work site supervisor agrees that he/she will not release school records and work experience information to any third party without the express written consent of the student.

STUDENT RESPONSIBILITIES:

The student agrees to participate in the Cooperative Work Experience Education (CWEE) program as shown above to receive college credit. The student will keep the CWEE office informed of any change in their work status. The student understands that the CWEE program allows a maximum of 16 Coop. ed. credits toward graduation (up to 6 in general coop-ed and up to 16 in occupational coop-ed). Individual department requirements may vary. The student agrees to adhere to their company's policy; employment may be terminated for the same reasons as regular employees. If unable to report to work, the student will notify the employer and CWEE office before the start of the normal workday. It is the student's responsibility to complete the employment prep. program along with any CWEE related assignments and turn it in on time. It is the student's responsibility to drop the class in the event they cannot comply with the expectations and understands they will receive an "F" if they fail to drop it.

*If an injury occurs while on the job, students covered by the College must complete a College Student Accident Claim Form and return it to the CWEE office within five (5) days.

Unemployment

Under certain circumstances, a student who has been placed in a CWEE position that has a beginning and ending work period may be denied unemployment benefits. Unpaid students are not eligible for unemployment benefits.

SCHOOL RESPONSIBILITIES:

The CWEE Faculty Advisor, as a representative of the College, upon agreement with the work site supervisor will arrange appropriate times to visit/contact the work site in order to address student progress or problems relating to the student's work experience. The CWEE Faculty Advisor will also assist the work site supervisor in planning meaningful experiences for the student. CWEE students have general liability coverage under the College's insurance policy. If the student is participating in a non-paid work experience, the College may provide workers compensation insurance coverage for work-related injury only. Students will be accepted into this program without regard to age, handicap, disability, national origin, race, marital status, parental status, religion or sex. The College is an equal opportunity/affirmative action institution.

This agreement is for the purpose of outlining the agreement between the college and employer on the conditions of work experience to be given a student while on the job. We, the undersigned, agree to the conditions and statements in this agreement.

FACULTY ADVISOR USE ONLY

By signing below, I consent to the student's ongoing participation in the course. Pursuant to Title 5 § 55252 & § 55256, the student qualifies for:

- General Work Experience
- Occupational Work Experience

_____ Student's Signature	_____ Employer's Signature	_____ Faculty Advisor
Date	Date	Date