

Work-Based Learning Program

Griffin-Spalding County School System

Dr. Lea Folds, Work-Based Learning Coordinator

lea.folds@gscs.org OR 404-422-4377



EARLY RELEASE UNDERSTANDING AND INSURANCE VERIFICATION

Student Name:	Coordinator: Dr. Lea Folds
Parent Name:	Parent Address:
Parent Phone #:	Parent Email Address:

Directions: For a student to be enrolled in the WBL Program, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

EARLY RELEASE

I understand that my child, _____, is enrolled in the Work-Based Learning Program at A. Z. Kelsey, Griffin High School, or Spalding High School, and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the Work-Based Learning Program. I agree to notify the Work-Based Learning Coordinator if this coverage changes during the school year.

Parent Signature

Date

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EDUCATIONAL TRAINING AGREEMENT

Student Name:		Employing Company:	
Parent/Guardian Name:		Company Address:	
Parent/Guardian Phone:		Supervisor's Full Name:	
Parent/Guardian Email:		Work Phone:	
		Supervisor's Email:	

THE STUDENT AGREES:

- To be at least 16 years of age and to have a Social Security number.
- To assist the Work-Based Learning Coordinator in finding an appropriate employment position.
- To provide transportation to and from work.
- To attend school and work regularly and not go to work without first going to school, or go to school without going to work, unless previously discussed with the Work-Based Learning Coordinator. Failure to adhere to this part of the agreement may result in the student receiving appropriate academic and/or disciplinary action. If a student will be absent from school or work, the school Attendance Office should be notified as soon as possible.
- To sign in/out with the front office according to school policy every day.
- To arrive at work on time and to not use my cell phone during work.
- To discuss all aspects of the employment with the Work-Based Learning Coordinator and the worksite supervisor – not with other students, coworkers, etc.
- To represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from employment due to negligence or misconduct, proved by school investigation, the student will be dropped from the Work-Based Learning Program and not receive academic credit.
- To work the minimum hours a week for the work release period(s).

Schedule Type	# Blocks WBL	Min. Hours Per Week	Credit
Block	1	7.5	1
Block	2	15.0	2

- To make employment changes only with the approval of the Work-Based Learning Coordinator and failure to complete the semester as a Work- Based Learning student will result in a failing grade.
- To be evaluated by the Work-Based Learning Coordinator and the Work-Based Training Supervisor a minimum of once per grading period.
- To be aware that the employment in the Work-Based Learning Program does not necessarily qualify a student to receive unemployment compensation.
- To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.
- To take criticism without resentment and learn from constructive criticism.
- Turn in completed Monthly Time Reports (pay stubs) by the 10th of each month to the WBL Coordinator or place in the WBL drop box in the Counselor's office. To turn in the required assignments each month by the due date posted in Google Classroom.
- To consider joining a Career Technology Club – FFA, SkillsUSA, HOSA, FBLA.
- To attend the Employer Appreciation Luncheon if planned by WBL Coordinator.

THE PARENT/GUARDIAN OF THE STUDENT AGREES:

- To encourage the student to carry out effectively his/her duties and responsibilities at both school and their place of employment.
- To assume responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to work; likewise, from the time he/she leaves his/her job until he/she arrives home. To assume full responsibility for my child after dismissal from school, including the days when my child is not required to be on the job.
- To understand that it is my responsibility to provide automobile and health insurance coverage for my child.
- To provide transportation to and from work for my child.
- To understand that the student must attend school and work regularly and not go to work without going to school, nor school without going to work, unless previously approved by the WBL Coordinator.
- To make inquiries concerning the student's training, wages, or working conditions through the Work Based-Learning Coordinator rather than directly to the employer.

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7. To understand that the student must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously approved by the Work-Based Coordinator.
8. To offer assistance to the Work-Based Learning Coordinator, serve as a resource person, and/or aid in other ways that could benefit the school and the student.
9. To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.

THE EMPLOYER/WORKSITE SUPERVISOR AGREES:

1. To provide a variety of work experiences for the student that contributes to the attainment of his/her career objective.
2. To employ the student for the necessary hours during the academic year.

Schedule Type	# Blocks WBL	Min. Hours Per Week	Credit
Block	1	7.5	1
Block	2	15.0	2

3. To adhere to policies and practices which prohibit discrimination on the bases of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility, and pay.
4. To provide instructional materials and occupational guidance to the student.
5. To evaluate the student, in consultation with the Work-Based Learning Coordinator, a minimum of two Employability Skills evaluations and one Job Skills evaluation per semester.
6. To adhere to all federal and state regulations including child labor laws and minimum wage regulation. Students employed through the Work Based Learning Program are not eligible for unemployment compensation.
7. To adhere to income tax and social security withholding regulations.
8. Students employed through a Work-Based Learning program **may become eligible for unemployment compensation** if employed four consecutive quarters. If an employer employs a Work-Based Learning student beyond the last day of school for this school year, then the student should be treated as a regular employee and that student may file unemployment compensation based on current unemployment rules.
9. To provide time for consultation with the Work-Based Learning Coordinator the student and to discuss with the Work-Based Learning Coordinator any difficulties that may arise.
10. To inform the Work-Based Learning Coordinator before any disciplinary action is taken in regard to the employment of the student.

THE WORK-BASED LEARNING COORDINATOR AGREES:

1. To assist in the academic and occupational instruction of the student.
2. To conduct supervisory visits to the student's place of employment.
3. To render assistance with educational and training problems of the student.
4. To assist the work-based training supervisor in an evaluation of the student's performance a minimum of once per grading period.
5. To maintain records pertinent to the student, the employer, and the school.

I have read the above agreement and will carry out the responsibilities delegated to the best of my ability.

Student Signature

Date

Parent/Guardian Signature

Date

Employer Signature

Date

Work-Based Coordinator Signature

Date

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EDUCATIONAL TRAINING PLAN

Student Name:	Program Area:
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Job Title:		Type of WBL Placement:	
Employing Company Name:		Company Address: (Street, City, State)	
Supervisor/Mentor Name:		Company Phone:	
		Supervisor Email:	
Coursework Completed Related to Placement: (Which CTAE course have you taken that match your work placement?)			

Job duties/tasks to be performed: (Employer will evaluate student based on this list.)

1	6
2	7
3	8
4	9
5	10

List any potential health/safety conditions related to this specific work assignment. (Indicate NONE if no such conditions have been identified.)

Special requirements expected of the student.

Student Signature

Date

Parent/Guardian Signature

Date

Employer Signature

Date

Work-Based Coordinator Signature

Date

Notes:

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SAFETY TRAINING AGREEMENT

_____, a student in the Work-Based Learning Program at A. Z. Kelsey, Griffin High School, or Spalding High School and an employee at _____ has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency; the student has been given instructions on what to do to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or in injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

Student Signature Date

Employer Signature Date

Work-Based Coordinator Signature Date

INTERNET/NETWORK ACCESS AGREEMENT

I accept responsibility to abide by the Griffin-Spalding County Board of Education policies regarding the Network/Internet and Publication Information policy and procedures as stated in this agreement. These same policies will be enforced in relation to off-campus employment at the work site.

I agree to:

1. Reimburse work for any charges incurred by me that are non-work related.
2. Use the Network/Internet for appropriate work related purposes/research: social media access during work is unacceptable.
3. Use the Network/Internet only with permission from designated work site staff.
4. Use appropriate language for work situations.
5. Not degrade/disrupt Network/Internet services/equipment, not limited to tampering with computer hardware/software by tampering with or invoking computer viruses, vandalizing any data, attempting to gain access to restricted/unauthorized services, or violating copyright laws.
6. Report any security problems/breeches of these responsibilities to the work site employer.
7. Comply with all of the rules/expectations established by the Griffin-Spalding County Board of Education and the work site including Network/Internet etiquette.
8. Not to divulge personal information (Privacy Act) acquired from the Network/Internet.
9. Use the Network/Internet in a lawful manner.

I understand that I do not have a right to privacy when using the work site Network/Internet, and that I consent to staff/employer monitoring of communication at all times.

I understand that any conduct that is in conflict with these policies and procedures will result in termination of Network/Internet access and disciplinary action at school or the work site (termination from Griffin-Spalding County High School Work-Based Learning Program).

Student Signature Date

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SIGNATURE PAGE

This page is verification that the student and parent have read and signed all necessary forms for entrance into the Work-Based Learning Program. All questions should be answered before completing the necessary forms provided by the WBL Coordinator.

The signature page serves as proof that the **student and parent** have read and understand the policies of the GSCS Work-Based Learning Handbook. It is the student's responsibility to read and be familiar with all WBL policies and forms set forth by this school system.

As a parent/guardian of _____, I hereby certify that I have read/understand the GSCS Work-Based Learning Student Handbook and I have signed all the appropriate forms, with that understanding, I give permission for my student to participate in the program and will accept all guidelines and policies stated within the handbook.

I further agree to indemnify and hold harmless the Griffin-Spalding County Board of Education, staff, agents, work site employers from any and all claims arising from or related to my child's misuse/misbehavior of items in the handbook/agreement forms.

I waive any and all claims I may have against the WBL Coordinator, and work site employers for such use or misuse. In addition, I agree to be responsible for any unauthorized charges incurred by my child through his/her behavior while at work.

I understand that my child is released early and on days they are not at work I assume full responsibility.

It is the policy of the Griffin-Spalding County School System not to discriminate on the basis of sex, race, age, color, religion, national origin or disability in its educational programs, activities or employment practices.

Student Signature Date

Parent/Guardian Signature Date

Work-Based Coordinator Signature Date

PHOTO RELEASE

Griffin-Spalding County Schools has my permission to use my child's photograph publically to promote the Work-Based Learning Program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature Date