

Oxford Area High School – Workplace Experience Contract

STUDENT INFORMATION				
Student First and Last Name				
Student Phone Number				
Student Email Address				
Student Guidance Counselor				
Student Homeroom Teacher				
Workplace Period	5-8	6-8	7-8	8 Hornet Virtual Academy
Type of Work	Paid Position	Internship	Volunteer	
PARENT/GUARDIAN INFORMATION				
Parent/Guardian First and Last Name				
Parent/Guardian Phone Number				
Parent/Guardian Email Address				
EMPLOYER INFORMATION				
Name of Business				
Business Address				
Supervisor First and Last Name				
Supervisor Phone Number				
Supervisor Email Address				

Explanation of hours by Workplace period:

- **5-8: Student leaves school at 5th period and must work 20 hours per week during school hours.**
 - The student leaves at 10:50 a.m. and should have some hours starting before 2:30 p.m.
 - 1.5 credits earned per semester.
- **6-8: Student leaves school at 6th period and must work 15 hours per week during school hours.**
 - The student leaves between 11:40 a.m. and 1:00 p.m. am and should have some hours starting before 2:30 p.m.
 - 1.5 credits earned per semester.
- **7-8: Student leaves school at 7th period and must work 10 hours per week during school hours.**
 - The student leaves at 1:00 p.m. and should have some hours starting before 2:30 p.m.
 - 1 credit earned per semester.
- **8: Student leaves school at 8th period and must work 5 hours per week during school hours.**
 - The student leaves between 1:00 p.m. and 2:30 p.m. and can have some hours starting before 2:30 p.m.
 - .5 credit earned per semester.
- **Hornet Virtual Academy students must work a total of 10 hours per week.**
 - Student can work with employer to schedule hours.
 - 1 credit earned per semester.

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EMPLOYER INITIALS

Workplace Experience Employer Expectations	Employer, please initial next to each to signify you understand and agree.
1. Please initial that you agree to provide the student with the opportunity to learn in a legal, safe, and appropriate work environment and notify the parent and school in the event of an accident, illness, or other serious issue.	
2. Please initial that you agree to give the student hours each week equating to their Workplace commitment. <i>*See explanation of hours</i>	
3. Please initial that you agree to make every effort to give the student some hours before 2:30 pm on school days.	
4. Please initial that the student will have access to their paystub (if paid position), or that you will sign a timesheet every two weeks (if internship or volunteer). <i>*Student will submit a pay stub every two weeks to prove employment.</i>	
5. Please initial that you will notify the program coordinator, Bethany Geating, if the student leaves your employment or any issues arise. bgeating@oxfordasd.org	

STUDENT AND PARENT/GUARDIAN INITIALS

Workplace Experience Student Responsibilities	Student, please initial next to each to signify you understand and agree.	Parent, please initial to signify you understand and agree to student responsibilities.
1. Please initial that you will be on time and have regular attendance in school and work and behave at both in a satisfactory manner at both.		
2. Please initial that you will notify the program coordinator if you are absent from school. bgeating@oxfordasd.org		
3. Please initial that you understand that if you are absent from school, you must be absent from work.		
4. Please initial that you will regularly turn in Workplace assignments on time.		
5. Please initial that you understand that if you are failing the course, you will be removed and put into a full schedule. <i>*You are responsible for makeup work in new class.</i>		
6. Please initial that you will check your email every day. <i>*You are responsible for all emails sent from WP, school, & employer.</i>		
7. Please initial that you will notify coordinator right away if you change jobs. bgeating@oxfordasd.org		
8. Please initial that you will maintain employment the entire school year.		
9. Please initial that your paycheck will have taxes deducted and that you have access to your paystubs. <i>*If volunteer or internship, still sign indicating you understand the rule.</i>		

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Employer Signature _____ Date _____

Principal Signature _____ Date _____