

FOUR COUNTY AREA VOCATIONAL COOPERATIVE COOPERATIVE VOCATIONAL EDUCATION TRAINING AGREEMENT

_____ HIGH SCHOOL _____ PHONE

GENERAL INFORMATION:

1. The training program is designed to operate for one entire school year. The student-learner's on-the-job schedule shall provide for a minimum of 15 hours per week. One period per school day shall be devoted to related study provided by the Coordinator of Cooperative Vocational Education.
2. _____ Training Agency agrees to employ _____ student-learner, for the purpose of occupational training as a _____.
3. The student learner will be assigned to _____, a competent adult in the occupation.
4. The Training Agency agrees to compensate the student-learner _____ per hour, which is mutually established by the Training Agency and the Coordinator. Alterations from this rate are subject to Coordinator approval.
5. The training period begins on _____ and ends _____.
6. The student-learner will gain occupational experiences from _____ to _____ each school day and as needed on Saturdays and Sundays. Vacation periods will be by mutual consent of all parties involved.

THE TRAINING AGENCY AGREES:

1. To provide a variety of occupational experiences as outlined in the training plan.
2. Not to release any regular employee for the purpose of employing a student-learner.
3. All applicable laws (Federal, State, Local) pertaining to the employment of student-learners must be observed.

THE SCHOOL AGREES:

1. To provide related occupational instruction.
2. To periodically observe the student-learner on-the-job.
3. To take necessary action in providing suitable solutions to complaints.

WE MUTUALLY AGREE:

1. This training program may be discontinued at any time by the Training Agency or the School. Consultation by all parties involved should be conducted prior to dissolution.
2. No obligations of employment of the student-learner shall exist beyond this conclusion of the training period.

CIP Code _____

Training Agency

Coordinator

Student

Parent/Guardian

Principal

Vocational Director

Original to ICE Coordinator. Copies **MUST also be distributed to: Employer, Student and FCAVC Offices.**