



Work Experience Application

Date _____ Name: _____ SIS# _____

Grade: 11 12 School Year: _____ Class Period(s) _____

Work Experience Program is designed to allow students to gain school credit from a productive, structured work experience. This work experience should provide an opportunity for students to gain specific career knowledge and workforce skills. Seniors may apply for participation in the program. All criteria must be met before acceptance into the program.

Criteria:

- Students must have a paid job. (Employer must carry Utah State Workman's Compensation- No cash paying jobs).
- Students must check with their counselor concerning graduation requirements.
- Students can obtain the necessary Work Experience paperwork from the counseling department TWO WEEKS prior to beginning Work Experience.
- Students may apply for a maximum of two periods of Work Experience per day. Students must work AT LEAST 5 hours/week for each period of work experience.
- If you fail Work Experience, you will be removed from the class.
 - Failure to provide employment/ hourly verification will result in a failing grade. (Verification will be due multiple times throughout the term.)

Student Responsibilities

- Students will be able to complete his/her schedule change as soon as this disclosure is returned to his/her counselor. Work Experience will not be added to a schedule until all paperwork is completed and returned.
- **Students must provide proof of employment and hours worked throughout their work experience.** (mid-term and term)
- As a representative of SAHS, be positive, reliable, honest, punctual, cooperative, and enthusiastic in your work environment. Follow all workplace policies and procedures.
- Work Experience periods are off campus periods, you must leave campus, unless otherwise arranged.
- Report immediately to the counseling department if you lose or change your job. **** BE AWARE THAT YOUR EMPLOYMENT WILL BE VERIFIED, IF YOUR JOB STATUS HAS CHANGED, YOU WILL BE REMOVED FROM WORK EXPERIENCE.** Please communicate with your counselor if something has come up.

Student Signature: _____ Date: _____

Student Email: _____

Principal has reviewed all information and approves request for work experience release.

Principal's Signature: _____ Date: _____

Date _____ Name: _____ SIS# _____

Grade: 11 12 School Year: _____ Class Period(s) _____

Student phone #: _____

Work-Site Name: _____

Supervisor (print): _____ Work Site Phone #: _____

Supervisor email or phone: _____

Address: _____

Supervisor Responsibilities

- Assume responsibility for meaningful training with opportunities to practice skills learned in school.
- Work with student to coordinate work and school schedules.
- Contact counseling department with any work experience concerns. 801.495.3272
- Provide Workers Compensation coverage for students in paid experiences.
- Provide appropriate safety training.

Work-Site Supervisor Signature: _____ Date: _____

Parent Responsibilities

- Approve and support the student's participation in the work-based learning experience.
- Approve, provide, and/or arrange for transportation. Transportation to and from the work Release activity is the parent's responsibility.
- Understand the student cannot leave a scheduled class early to go to work.
- Report any concerns immediately to the counseling department.

I authorize my child to participate in the Work Release program at Summit Academy High School. I recognize that I have full responsibility for my child during the time he/she is off a public school site and for the transportation to and from the activity.

Parent Signature: _____ Date: _____

Parent email: _____ Parent Phone #: _____

Counseling notes: