Student, Parent/guardian, and Employer acknowledge that this addendum addresses COVID-19 related protocol requirements in the workplace today.

Student and Parent/guardian acknowledge reviewing and understanding The Centers for Disease Control and Prevention (CDC) basic guidelines for safe practices in the workforce including:

• Conducting a daily health check
• Wearing cloth face coverings, if appropriate
• Hand washing, along with cleaning and disinfecting surfaces
• Adhering to social distancing recommendations
• Other recommendations which an Employer may require

More information regarding COVID-19 and steps to reduce workers’ risk of exposure and contamination is available at [cdc.gov](http://www.cdc.gov) and the Student and family members are encouraged to review it for additional information.

Under the Occupational Safety and Health Act of 1970 (OSHA), employers are responsible for providing safe and healthful workplaces for their employees. OSHA’s role is to help ensure these conditions for America’s working men and women by setting and enforcing standards, and providing training, education and assistance.*

As Employers take steps to reduce workers’ risk of exposure and contamination, Employer acknowledges following OSHA and CDC ongoing updated strategies and recommendations responding to COVID-19, and will review these practices with Student.

All signatures must be affixed to this agreement before the student is allowed to participate in the program.

Employer Mentor’s Signature Date
Parent’s Signature Date

WBL Coordinator’s Signature Date
Student’s Signature Date

Information regarding OSHA/HHS Guidance can be found at [https://www.osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf)*


*For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.
Student Name__________________________________ Agreement Date _________________________
Street Address _________________________________ City ________________ Zip ____________
Student Cell Phone ________________________ Student Email _________________________________
Parent Cell Phone _________________________ Parent Email _______________________________
Mentor’s Name ________________________________ Phone _________________________________
Firm/Business Name ___________________________ Email ___________________________________
Street Address ________________________________ City ________________ Zip ____________
Student’s intern assignment _____________________________ Rate of pay (if applicable) ____________

RESPONSIBILITIES

The Parent/Guardian:
1. Will permit the student to interview with and intern for the company above.
2. Will be responsible for the student’s transportation to and from the internship site.
3. Will be responsible for the conduct of the student while in school and at the internship site.
4. Acknowledges that when the student leaves the school site to travel to the internship site the student is considered to be dismissed from the custody of the school.

The Student:
1. Will provide his or her own transportation to the internship site. Student carpooling is not permitted.
2. Will maintain regular attendance in the home school and at the site.
3. Will not be permitted to work unless classes in school are attended as scheduled. Any student suspended from school is considered suspended from the internship site as well and may not work until reinstated. In case of inability to attend school or the internship, the student agrees to notify the coordinator by 9:00 AM and the mentor at least three (3) hours before the time the student is scheduled to report.
4. Will not display a bad attitude, lack of courtesy, manners, obedience, industry, etc., pertaining to school activities, class or otherwise, or to activities on the site. Failure to make recommended corrections will result in the student being removed from the program.
5. Acknowledges that when he/she leaves the school site to travel to the intern site, he/she is considered as dismissed from the custody of the school.

The Sponsor:
1. Will provide the coordinator with a training plan that will benefit the sponsor and the student as related to the career objectives of the student.
2. Will provide at all times a healthful and safe working environment and comply with all applicable health and safety laws.
3. Will consult with the coordinator as soon as possible if any unsatisfactory situation arises regarding the student’s work.
4. Will evaluate the student’s progress periodically (at least quarterly) when requested by the coordinator.
5. Will not allow a student who is suspended from school or is absent from school to work except in unusual circumstances approved by the coordinator.
6. Will not discriminate on the basis of disability, race, color, sex, marital status, religion, age, or national origin and complies with Title VI, Title IX, Section 504 of the civil rights laws, and Maryland discrimination laws.
7. Certifies that a worker’s compensation insurance policy is in force that provides coverage for the student; will, if requested by the coordinator, provide a current certificate of the insurance and a renewal certificate (if applicable) during the school year.

___________________________________ (Mentor’s Signature and Date)  (Parent’s Signature and Date)
___________________________________ (Coordinator’s Signature and Date)  (Student’s Signature and Date)
The objective of Cooperative Work-Study is to mentor and assist students in acquiring the skills needed for success in the workplace to be college and career-ready. Students are employed in paid positions under the cooperative supervision of the job-site supervisor and the WBL Coordinator. Job sites are approved by the school to ensure that the employment activities have educational significance. One credit will be earned for each block of Cooperative Work Study.

**Required Hours**
The majority of your hours need to be worked during the time you would otherwise be in school. Minimum hours required per semester to receive a passing grade are as follows

<table>
<thead>
<tr>
<th>Blocks</th>
<th>Hours/week</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7.5</td>
<td>135</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>270</td>
</tr>
<tr>
<td>3</td>
<td>22.5</td>
<td>405</td>
</tr>
<tr>
<td>4</td>
<td>30</td>
<td>540</td>
</tr>
</tbody>
</table>

Paycheck stubs are used to verify hours. Copies/pictures of all paycheck stubs are to be turned into Google Classroom for the WBL Coordinator to track hours. These are due at midterm and end of term.

**Time Cards**
You will submit your weekly schedule on the first day of the school week for the UPCOMING week. If your scheduled days change during the week, you will need to notify Coordinator. Time cards not turned in on the first day of the week will have a 10% deduction each day late.

**Attendance**
If you are absent, suspended, or arrive late to school after 9:00, you are not permitted to work that day, regardless of the hours scheduled. Should you be absent, late, or suspended, it is your responsibility to notify your job supervisor AND coordinator as soon as possible that morning. No school attendance OR notification will result in loss of points for that week’s grade and assessed on the week’s time card. Failure to comply with the attendance policy will directly affect your term grade. Students need to notify the Coordinator of pre-planned absences (vacation, college visits, etc.) at least 2 weeks prior to the first day of the absence. Failure to meet the minimum total hours needed will result in failure for the semester.

**Grading**
Students need to be motivated and capable of working independently to be successful in the Work-Study program. Term grades are determined by a written evaluation from your job supervisor and an evaluation by your coordinator. Both evaluations receive equal weight in determining your term grade, but a major problem in either area can cause failure for the term. Tutoring /consultation is available for students experiencing job-related concerns. Please see your coordinator to arrange a time to meet.

The following factors are used in determining your term grade:

- **50% Supervisor’s Evaluation of Job Performance**
  - Evaluations are done through face-to-face meetings with employers.

- **50% Coordinator’s Evaluation, which includes:**
  - School attendance and punctuality
  - Job attendance and punctuality
  - Time cards submitted on the first day of the school week
  - Delivering and returning paycheck stubs and paperwork on time as requested
  - Communicating concerns to WBL Coordinator in a timely manner
  - Abiding by the terms of the Work-Study Agreement
Following school rules

- You can expect to earn an F in your internship for the term if you:
  - Are absent from school and your job more than three days a term without a doctor’s note
  - Quit or change jobs without discussing options with your coordinator
  - Go to work when you have been absent from school (includes lateness and leaving school early)
  - Are fired from your job for stealing, lying, harassment, or reduced performance
  - Do not report job information accurately to the coordinator
  - Do not turn in copies of paycheck stubs
  - Do not turn in weekly time cards
  - Do not meet the needed hours for the program

If students, parents, or employers have questions or need to contact Mrs. Pyles (or need to turn in paperwork), choose to email amy.pyles@fcps.org or call 240-566-9432.

Student Reminders

- Students may not work during any hours of any day if they are absent from school.
- Students may not go to work if they arrive later than 9:00 (beginning of second block).
- No hours will be counted on a day that a student worked and failed to attend school. This could cause loss of credit by not meeting hour requirements.
- Students MUST provide their own transportation to and from work. You CANNOT ride with another student to work.
- When leaving the building to report to work, students must sign out in the main office.
- Students are NOT permitted to reenter the building unless returning for an after-school activity. If a student must return for an appointment at school, he or she must check in with the attendance office.
- Students are scheduled for a full day of classes until a request to change schedule is submitted to guidance from WBL Coordinator. All scheduling requests involving work study must come through Mrs. Pyles, WBL Coordinator. Approval for work study needs to be obtained PRIOR to the last day for schedule changes (10th school day at the beginning of each semester) for schedules to be changed.

Change in Employment

**Students may not give a 2-week notice or change jobs without the approval from the coordinator!**

- If a RARE situation requires a student to change jobs, the student must do the following before any notice (2 weeks) can be given:
  - Discuss the situation with Mrs. Pyles to resolve the issue. A change in employment can only occur if Mrs. Pyles agrees that it’s in the student’s best interest to change employment.
  - Student must seek a new place of employment, complete and return the application paperwork to Mrs. Pyles for approval prior to starting new employment or give notice to their current employer. No hours will be counted for work until all application/agreement paperwork has been approved by the WBL Coordinator for new employment.
  - If under the age of 18, a new work permit must be obtained.
  - The student must give two weeks’ WRITTEN notice before leaving the present job. A copy of the written notice needs to be given to the coordinator.

**Students who are fired from their job must:**

- Conduct themselves in a professional manner
- Notify Mrs. Pyles no later than the next day
- Depending on the circumstances, the student may fail the term.
Work Based Learning Signature Page

Read and sign the agreement below:

If accepted for enrollment as an intern, I understand the Course Description and Information packet, program policies, grading policies, and regulations and acknowledge that failure to adhere to them could result in a failing grade or removal from the program.

Student Signature _______________________________________ Date _________________

Parent Signature ________________________________________ Date _________________

Circle Requested Semester and block(s):

<table>
<thead>
<tr>
<th>Semester</th>
<th>Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1 2 4 5</td>
</tr>
<tr>
<td>II</td>
<td>1 2 4 5</td>
</tr>
</tbody>
</table>
Work Based Learning Training Plan
Oakdale High School

Student Name _____________________________________________________________
Mentor’s Name and Title ___________________________________________________
Mentor’s Email ___________________________________________________________
Organization/Business _______________________________________________________
Address of Placement Site/Directions/Special Instructions for Access _______________
________________________________________________________________________
________________________________________________________________________

Activities (daily duties, special training or projects, staff development, etc.):

1. 

2. 

3. 

4. 

5.