

☐ Fall    ☐ Spring    ☐ Summer    20\_\_\_\_

\_\_\_\_\_  
 Student                                      Course #                                      Section #

\_\_\_\_\_  
 WBL Employer                                      Job Title                                      Start Date

Wake Technical Community College and the cooperating employer agree to observe placement procedures and employment practices which conform to all State, Federal, and local laws, and the Wake Tech policies and procedures (including nondiscrimination toward any participant or employee because of race, color, national origin, religion, gender, disability, age, genetic information, or any other legally protected classification).

The following statements constitute the Agreement on which participation in the Work-Based Learning Program at Wake Technical Community College is based:

### Student Responsibilities

- Report punctually and regularly for work. Notify the employer promptly if unable to work for any reason.
- Conduct yourself in accordance with the employer's work rules. Utilize appropriate business behavior and dress.
- Abide by the college's Work-Based Learning Program policies/ procedures and submit required paperwork by agreed upon dates.
- Meet with your employer and start the Work-Based Learning experience during the first week of classes or by the date specified by the Work-Based Learning Coordinator.
- Develop well-planned measurable learning objectives or submit a job description as required by the WBL faculty coordinator. Keep the assigned Faculty Coordinator updated on your progress and any change in your schedule.
- Report immediately any problems occurring on the job or changes in job duties and responsibilities to the Faculty Coordinator or Work-Based Learning Office.
- Understand that Federal and State law prohibits a student from collecting unemployment after a paid work-based learning experience ends.
- Inform the Financial Aid Office of employment wages earned during the Work-Based Learning experience as it may affect financial aid.

### Employer Responsibilities

- The Work-Based Learning student will be paid \$ \_\_\_\_\_ hour, or \$ \_\_\_\_\_ ☐ Stipend                      ☐ Unpaid
- Read and understand the Department of Labor's Fact Sheet regarding unpaid internships, if applicable.
- Provide a job description and develop a work schedule for the Work-Based Learning student.
- Identify a qualified employee (not related to the student) to serve as the immediate site supervisor/mentor to assist all of the following, if applicable: developing measurable learning objectives related to the student's program of study, reviewing and signing required forms for the course and contacting the WBL Faculty Coordinator or Director with any issues of concern.
- Conduct an orientation for the Work-Based Learning student on company operations, business culture, policies and procedures, as well as company expectations. A safety orientation will be conducted, if applicable to the position.
- Provide the Work-Based Learning student a minimum of 160, 320, or 480 hours of employment per semester depending on course/credit(s) assigned.
- Provide the student with a supervised, progressive, and meaningful work experience to include regular feedback of work performance.
- Provide Worker's Compensation Liability Insurance coverage as applicable according to State law.
- Adhere to the Fair Labor Standards Act and ensure a safe and healthy work environment.
- Permit on-site visits by the Work-Based Learning Coordinator or other Wake Tech representatives. If a site visit is not allowed due to security reasons, the employer/site supervisor will provide alternative methods for meeting with the Wake Tech representative.
- Complete a midterm evaluation of the student's work performance and a final evaluation at the end of the work experience. Verify that WBL time sheets accurately reflect hours worked by the student each month. Sign each monthly time sheet and return it to the student.
- Notify the Work-Based Learning Office or Wake Tech representative at least one (1) week before any action that might result in the termination or change of employment status of the student.

## College Responsibilities

- Coordinate services between the student and employer.
- Determine if the worksite is appropriate and conducive to the Work-Based Learning student's academic focus.
- Review and approve the Work-Based Learning student's learning objectives and/or job description.
- Support student and Faculty Coordinator during the Work-Based Learning experience.
- Complete and submit all required paperwork according to college guidelines and State regulations.

## Accident Insurance

Students will be billed for Wake Tech's Accident Insurance at the time of registration as they must be covered by adequate health/accident insurance when participating in Work-Based-Learning. This minimal fee is automatically added to the student's bill at the time of registration. Some curricula also require students to purchase Professional Liability Insurance through Wake Tech. Wake Technical Community College will **not** be responsible for any accident/injuries that occur as part of employment through the Work-Based Learning Program.

## Unemployment Compensation

Per Federal and State laws students may **not** file for **unemployment compensation** while employed through the Work-Based Learning Program unless student was employed by the Work-Based Learning employer **prior** to registration as a Work-Based Learning student.

## Statement of Cooperation

I have read, fully understand, and agree to abide by the responsibilities involved in this Agreement and shall strive to make this a successful learning experience.

|                                                             |               |                                                                                                             |              |
|-------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------|--------------|
| _____<br>Company Name                                       |               | Check if this is the student's current employer<br><input type="checkbox"/> Yes <input type="checkbox"/> No |              |
| _____<br>Address                                            | _____<br>City | _____<br>State                                                                                              | _____<br>Zip |
| _____<br>Supervisor 1 Signature                             |               |                                                                                                             |              |
| _____<br>Supervisor 1 Printed Name                          |               | _____<br>Date                                                                                               |              |
| _____<br>Supervisor 1 Email                                 |               | _____<br>Supervisor 1 Phone Number                                                                          |              |
| _____<br>Supervisor 2 Signature                             |               |                                                                                                             |              |
| _____<br>Supervisor 2 Printed Name                          |               | _____<br>Date                                                                                               |              |
| _____<br>Supervisor 2 Email                                 |               | _____<br>Supervisor 2 Phone Number                                                                          |              |
| _____<br>WBL Student Signature                              |               |                                                                                                             |              |
| _____<br>WBL Student Printed Name                           |               | _____<br>Date                                                                                               |              |
| _____<br>WBL Student Email                                  |               | _____<br>WBL Student Phone Number                                                                           |              |
| _____<br>WBL Faculty Coordinator / WBL Official Signature   |               |                                                                                                             |              |
| _____<br>WBL Faculty Coordinator/ WBL Official Printed Name |               | _____<br>Date                                                                                               |              |