

# CAT-SOUTH

## INSTRUCTIONS FOR COMPLETION OF WORK EXPERIENCE FORMS

1. Read each form carefully. Most of the information you need to know is on the forms.
2. Take your time and do the job right. Check your graduation credits with your home school guidance counselor. Fill out all the information you can by yourself. USE INK!
3. Be complete. Check your spelling and grammar. Be sure all information is legible (this is very important).
4. Get all required signatures (teacher, parent/guardian, and employer) before bringing the forms to me. An administrator will be the last person to sign after examining all the forms. All papers must be given to me personally so that I can make copies for you, your employer and the State of Maryland
5. A work permit must be completed for all students under the age of 18. The State and AACPS now require that all work permits be obtained online by visiting [www.dllr.state.md.us/labor/empm.shtml](http://www.dllr.state.md.us/labor/empm.shtml). Legal hours of employment are listed at this site. Please obtain your work permit online, if you are under 18, and submit with your work study papers.
6. Any forms your employer requires you to sign other than required tax forms, such as; IRS W-4, must be shown to your coordinator before signing them. This includes any conditions of employment. If you are a minor (under 18 years of age), a dated, parent/guardian signature will be required on these forms.
7. If you have a question, ASK! One simple phone call or question can prevent a much larger problem later. You will have a smooth transition from school to work, if we work together.
8. **\*\*YOU ARE NOT ON WORK STUDY UNTIL THE WORK COORDINATOR HAS RECEIVED THIS COMPLETED PACKET. IF YOU LEAVE SCHOOL WITHOUT SUBMITTING THIS PACKET TO THE COORDINATOR, YOU MAY BE SUSPENDED AND NOT BE ALLOWED TO PARTICIPATE IN THE WORK-STUDY PROGRAM.\*\***
9. **\*\* DO NOT LEAVE THIS PACKET WITH ANYONE; YOU MUST PERSONALLY GIVE THIS PACKET TO MRS. SHOWELL.\*\***

I have read and understand these instructions.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**WORK STUDY INFORMATION SHEET  
CENTER OF APPLIED TECHNOLOGY - SOUTH**

Please complete all of the information below. If you do not know the answer to a question, leave it blank and you can complete it later. **ALL INFORMATION IS REQUIRED. EMAIL ADDRESS IS ESSENTIAL.**

**Student's Name:**

\_\_\_\_\_ SIF: \_\_\_\_\_  
LAST                                      First                                      Middle

**Address:**

\_\_\_\_\_ Street Address                                      City,                                      State,                                      ZIP

**Home Phone:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*E-Mail address:**

\_\_\_\_\_

**RACE:**

\_\_\_\_\_

**Gender:**

\_\_\_\_\_

**Social Security#**

\_\_\_\_\_

**Parent/Guardian name:**

\_\_\_\_\_

**Tel #:**

\_\_\_\_\_

**Parent/Guardian employer**

\_\_\_\_\_

**Work #:**

\_\_\_\_\_

**EMERGENCY CONTACT AND NUMBER:**

\_\_\_\_\_

**PROGRAM AT CATS:**

\_\_\_\_\_

**HOME SCHOOL:**

\_\_\_\_\_

**PLACE OF EMPLOYMENT:**

\_\_\_\_\_

**DATE PLACED:**

\_\_\_\_\_

**EMPLOYER ADDRESS:**

\_\_\_\_\_

**SUPERVISOR AT WORK:**

\_\_\_\_\_

**WORK PHONE:**

\_\_\_\_\_

**RATE OF PAY:**

\_\_\_\_\_

**HOURS AT WORK:**

\_\_\_\_\_

**TIME AT WORK:**

\_\_\_\_\_

**\*\*\* DIRECTIONS TO JOB SITE: WRITE VERY CLEARLY. \*\***

**Anne Arundel County Public Schools**  
**Work-Based Learning**  
**Employer/Student/Parent/School Agreement**

**The PARTNERS agree to the following terms:**

**STUDENT AND/OR PARENT/GUARDIAN WILL:**

1. Adhere to the school systems policies on behavior, dress code, and all other school-based rules.
2. Successfully complete a minimum of the required courses in a sequentially planned Career and Technology Education (CTE) Program and be recommended by the principal and/or the teacher/coordinator for the work-based learning program.
3. Remain in the program for the entire school year and successfully complete the work to receive credits for the program. The principal and the Director of the program must approve exceptions due to physical impairment, economic or academic need, and transfer from the district.
4. Earn a grade of “S” or “U” for the CTE Work-Based Learning Program as determined by the teacher/coordinator’s and employer’s evaluation of the student’s job performance.
5. Continue employment in a work-related training station approved by the teacher/coordinator.
6. Abide by the attendance policies of the workplace. The student must attend school if working on school days. When absent from school, he/she will refrain from working and be counted absent from work.
7. The students must notify the teacher/coordinator and employer before **9:30 a.m.**, if they are unable to attend either school or work.
8. Arrive on time daily for both school and work (if late or absent for reasons beyond student’s control, call the appropriate personnel) and arrive properly dressed for the work place.
9. Work an average of 15 hours per week to receive a maximum of four credits per school year. They will work during school-year vacations, evenings, weekends, and snow days as scheduled by their employers.
10. Obtain a valid work permit for each job held.
11. Provide own transportation to and from the workplace.
12. Notify the teacher/coordinator and parent of any work schedule changes on a weekly basis. Schedule will include workdays, number of hours, and times worked.
13. Grant consent to be photographed for educational and promotional purposes (video, photographs for brochures, news articles.)
14. Assume full responsibility for conduct and safety of the student in traveling between home, school, and work as well as while engaged in school related projects and activities off campus.
15. Agree to maintain a notebook/journal that will include student work record forms, with wages and hours listed, training plan and other items as directed.
16. Avoid severing connections with a firm or transferring to another employer without the consent of the teacher/coordinator, and then only after the teacher/coordinator has made the necessary arrangements.
17. Confer with the teacher/coordinator first, rather than the employer, concerning job problems.
18. Understand that if a student loses his/her job through negligence or misdemeanor, he/she is subject to dismissal from the program and may not receive school credit.
19. Abide by the Child Labor Laws.

20. Attend the annual Employer-Employee event or activity. At this event, the students are responsible for the cost of their ticket as well as the employer's ticket.
21. Participate in regional, state, and national career-related associations.
22. Attend sessions as scheduled by teacher/coordinator.
23. Show any forms that are given to you by your employer (other than the required tax forms) to your coordinator before signing them. This statement refers to any forms pertaining to conditions of employment. If you are under 18 years of age, a dated parent/guardian signature will be required on these forms.
24. Remain in the school program until graduation so as not to risk jeopardizing employment.
25. Abide by all implied and stated terms included in this agreement.

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Student Signature

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Date

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Parent Signature

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Date

**THE SCHOOL SYSTEM WILL:**

1. Provide a Coordinator to work with industry, school, and community.
2. Periodically monitor the safety and security of the workplace in coordination with the employer.
3. Prepare students for the world of work by conducting work readiness training (safety, work habits).
4. Allow for release of students for work site/job experience.
5. Support teacher participation in work site auditing and the use of work-based examples and projects in the classroom to meet student objectives.
6. Actively participate in recruitment for students and involvement of parents.
7. Coordinate efforts of program participants including students, parents, teachers, and employees.
8. Provide career counseling and guidance.
9. Abide by all implied and stated terms included in this agreement.

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Work-Based Learning Coordinator's Signature

Date

**THE EMPLOYER WILL:**

1. Work with the Coordinator in developing a plan that will include a list of job tasks, skills, and performance indicators.
2. Provide a rotation through various responsibilities, where feasible, in order that the trainee may become proficient in different phases of the occupation.
3. Employ the student for a minimum of 270 hours per semester, (approximately 15 hours per week) for the entire training period at an appropriate wage with a statement of the gross earnings and deductions from those gross earnings for each pay period.
4. Adhere to all Federal and State guidelines concerning safety, child labor laws, minimum wage regulations and workman's compensation.  
If under 18, the student will be subject to performing hazardous occupation work only as permitted:
  - a. The work must be incidental to the training.
  - b. Such work is intermittent and for short periods of time, under the direct and close supervision of the mentor.
  - c. Safety instruction must be integrated with on-the-job training.
5. Assist in the over-all evaluation of the student, and serve as primary evaluator for on-the-job skill attainment.
6. Provide time for consultation with the Coordinator concerning the student.
7. Assist in providing instructional materials and occupational guidance for the student.
8. Adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and handicap in recruitment, hiring, assignment to work task, hours of employment, levels of responsibility and pay.
9. Provide a safe and appropriate work environment for the student/apprentice.
10. Assign a member of the employing organization as a workplace mentor.
11. Notify AACPS if you are aware that there is a sex offended employed at the workplace.
12. Drop the student from the program if the student does not remain until he/she has completed program requirements.
13. Abide by all implied and stated terms include in this agreement.

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Employer Representative Signature

Date

**CENTER OF APPLIED TECHNOLOGY SOUTH**

**WORK-STUDY RELEASE FORM**

**Student's Name:**

\_\_\_\_\_

**CATS Program:**

\_\_\_\_\_

**Home School:**

\_\_\_\_\_

**Home School Counselor's Release:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student must be a senior)

**CATS Instructor's Release:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CATS Coordinator's Release:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: All paper work must be submitted to CATS Coordinator personally, prior to leaving school for work study.**





