

# Work-based Learning Experience Student Contract



I, \_\_\_\_\_, understand that the purpose of this experience is to gain valuable experience in a work setting. I will try to get the most out of the experience as possible to help me determine my future goals.

I will attend work at \_\_\_\_\_.  
My hours will be from \_\_\_\_\_ to \_\_\_\_\_  
on the following day(s) that are circled:

Monday Tuesday Wednesday Thursday Friday

I understand that it is my responsibility to contact \_\_\_\_\_, my worksite coordinator at \_\_\_\_\_ by 9:00 a.m. if I have an emergency and cannot attend work that day. I understand that I am required to attend work each day that I am scheduled. I understand that the worksite supervisor/employer will complete an evaluation of my performance during the worksite experience.

## Signatures

\_\_\_\_\_  
Intern Date

\_\_\_\_\_  
Worksite Coordinator Date

\_\_\_\_\_  
Employer/Supervisor Date