

WBL Agreement

According to Tennessee Child Labor Law and WBL Policies, this form must be kept up to date in the personnel file at the workplace and at the school. Copies of the Safety Training Log, WBL Agreement, and WBL Agreement must be kept on file at the school for five years after the placement.

Typical Weekly Work Schedule: *Hours for credit-bearing experiences must equate to a full-time equivalent course.*

Day	Time of Work		Hours
	From	To	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total			

Type of WBL Experience
Check the appropriate box that applies.

<input type="checkbox"/>	Registered Apprenticeship
<input type="checkbox"/>	TN Certified Pre-Apprenticeship
<input type="checkbox"/>	Health Science Clinical
<input type="checkbox"/>	Cooperative Education
<input type="checkbox"/>	Internship
<input type="checkbox"/>	Transition (Paid or Unpaid)
<input type="checkbox"/>	School-Based Enterprise

Employability Skills: *This student is participating in WBL for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education and future careers.*

Verification: We, the undersigned, give permission for the above-named student to participate in the WBL program. We understand and agree to meet all district, state, and federal requirements and guidelines, including the WBL Framework as provided in the State Board of Education Policy and in the WBL Policy Guide provided by the Tennessee Department of Education. We verify the above information is correct and is consistent with Federal and State guidelines for WBL experiences.

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: <i>(when not the WBL Coordinator)</i>	Date:
WBL Coordinator:	Date:
Principal:	Date:
CTE Director: <i>(or designated WBL Coordinator)</i>	Date:
Worksite Supervisor:	Date:

Nondiscrimination: No person shall be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in connection to this program and activities or in employment practices on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or state law. This form is subject to monitoring by the Tennessee Department of Education and Tennessee Department of Labor & Workforce Development.

Workers' Compensation Coverage: _____ **YES** _____ **NO**