

Work Experience Education (WEE) Program TRAINING PLAN (Not an Employment Contract)

WEE Office
28237 La Piedra Road
Menifee, CA 92584
(951) 639-5352

Student Name: _____ Student ID# _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Student Email: _____ @ _____

Semester Year: _____ WEE Course: _____ Section #: _____ Units: _____

Occupational Goal: _____

Internship begins on _____, 20_____ and extends through the current semester.

Job Title: _____ Type of Work Experience: _____

Employing Firm: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Employer Email: _____ @ _____

Work Station Supervisor: _____ Title: _____

This student would like to advance his/her knowledge and efficiency in the occupational field of his/her choice. His/her goal is to achieve this through a balance of classroom instruction and on-the-job experiences. This plan sets forth the student's on-the-job learning objectives for the current semester and the conditions through which they may be achieve. As a result of successfully completing this occupational internship, the student will be able to:

First Objective: _____

Second Objective: _____

Third Objective: _____

Employer and Mt. San Jacinto Community College District ("District") agree to provide supervision and guidance to ensure maximum educational benefit from this work experience. District does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, medical condition, mental or physical disability, marital status, sexual orientation or Vietnam era veteran status in its acceptance, assignment, treatment, evaluation or compensation of students who participate in programs sponsored or arranged by District. Employers who sign this Agreement are expected to uphold this policy in their selection of prospects for employment, education processes or activities. District shall be considered the employer of unpaid students in the WEE program for the limited purpose of providing worker's compensation insurance. Students paid by Employer shall be covered under the Employer's worker's compensation and/or liability insurance as required by law.

The **STUDENT** will: 1) maintain satisfactory grades and attendance in all related instruction and coordinating classes; 2) meet work and safety standards required by the employer; and 3) meet all requirements of the WEE Program.

The **EMPLOYER** will: 1) comply with all appropriate federal and state employment regulations; 2) assist and supervise the student in achieving his/her on-the-job learning objectives; and 3) assist the faculty advisor in the evaluation of the student and verify the record of hours worked.

The **FACULTY ADVISOR** will: 1) consult periodically with the employer and the student; 2) evaluate and grade the student, in cooperation with the employer; and 3) coordinate on-campus instruction with the job training received and assist the student to achieve his/her learning objectives.

Total number of hours to be worked _____
_____ Paid _____ Unpaid
Number of units to be earned _____
(see CWEE Handbook)

Supervisor's Signature _____ Date _____
Student's Signature _____ Date _____
Faculty Advisor's Signature _____ Date _____
Coordinator's Signature _____ Date _____

This plan may be terminated, for cause, by any person named hereon, with the understanding that due notice will be given to all interested parties

White – Faculty Advisor

Yellow – Employer

Pink - Student