

## Work Credit Request

Date:	Student ID #
Student Name:	
Place of Employment:	
Employment Address:	
Supervisor Name:	Phone #:
Student's Job Title:	
Dates of Employment:	Average Weekly Hours:
Total Number of Hours Worked to Date of th	nis Request:
but not limited to Basic Math (cash register,	as the basic skills needed to perform: examples include measuring, etc), Social Skills (customer service, team work, he deposit, hold a key to the establishment, etc)
Supervisor Signature:	Date:

## Student Agreement

I recognize that I must assume the following responsibilities in order to be eligible for my assigned work experience:

- 1. I am a member of the high school and will abide by all related rules and regulations of the school
- 2. I will work on a job for the required number of hours in order to be considered for work experience
- 3. I will maintain a good record of punctuality and attendance at work. A minimum of 285 clock hours is required to receive 1 credit for a given school year; a minimum of 143 clock hours is required to receive 0.5 credit for a given school year.
- 4. I recognize that failure on my part to assume these responsibilities, or other required competencies on the job will result in my not receive credit
- 5. I understand that I cannot earn more than 3 credits during my four year high school enrollment.

Students Name (printed)	Student Signature
Parent's Name (printed)	Parent Signature