

# Hazardous Occupation Exemption Form: Agreement for WBL Students



STUDENT INFORMATION	
Last Name:	Employer:
First Name:	School District:
Middle Initial:	School Name:
Social Security #:	CTE Career Cluster:
Date of Birth:	CTE Program of Study:

**CHECK THE HAZARDOUS OCCUPATION FOR WHICH THE EXEMPTION APPLIES:**

- Work using power-driven woodworking machines, including the use of saws on construction sites.
- Work using power-driven metal forming, punching, and shearing machines (but HO8 permits the use of large group of machine tools used on metal, including lathes, turning machines, milling machines, grinding, boring machines, and planning machines).
- Work involving slaughtering or meatpacking, processing, or rendering including the operation of power-driven meat slicers in retail stores.
- Work using power-driven paper-products machines, including the operation and loading of paper balers in grocery stores.
- Work involving the use of circular saws, band saws, and guillotine shears.
- All work in roofing operations.
- All work in excavating operations, including work in a trench as a plumber.

**IN ACCORDANCE WITH T.C.A., §50-5-107 (10), (11), AND (12), THE UNDERSIGNED ATTEST TO THE FOLLOWING:**

1. The student learner is enrolled in a youth vocational training program under a recognized state or local educational authority.
2. The work of the student learner in the occupation declared particularly hazardous is incidental to the training received.
3. That the work performed shall be intermittent and for short periods of time and under the direct and close supervision of a qualified and experienced person.
4. That the safety instructions shall be given by the school and correlated by the employer with on-the-job training.
5. That the student has a schedule of organized and progressive work processes to perform on the job.

**SIGNATURES OF AGREEMENT**

<b>Parent or Guardian Name</b>	<b>Signature</b>	<b>Date</b>
<b>Student Name</b>	<b>Signature</b>	<b>Date</b>
<b>WBL Coordinator Name</b>	<b>Signature</b>	<b>Date</b>
<b>Endorsed Teacher Name</b>	<b>Signature</b>	<b>Date</b>
<b>Employer Name</b>	<b>Signature</b>	<b>Date</b>
<b>Principal Name</b>	<b>Signature</b>	<b>Date</b>

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated again, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.