Department of Education

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 and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	**Work Site:**
Address:	**Supervisor:**
City/Zip:	**Address:**
Phone: **DOB:**	**City/Zip:**
Area of Elective Focus:	**Phone:**
High School:	**Start Date:**

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

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

Type of WBL experience

- ☐ **Apprenticeship (Registered)**
- ☐ **Clinical**
- ☐ **Cooperative Education**
- ☐ **Internship**
- ☐ **Transition (paid or unpaid)**
- ☐ **School-Based Enterprise**
- ☐ **Service Learning**

Employability Skills: *This student is participating in work-based learning for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education, future careers, and life:*

- **Application of academic and technical knowledge and skills**
- **Career knowledge and navigation skills**
- **21st Century learning and innovation skills**
- **Personal and social skills**

Verification: We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL Framework as provided in 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 work-based learning experiences.

Student:	**Date:**
Parent or Guardian:	**Date:**
Endorsed Teacher: *(When not the WBL Coordinator)*	**Date:**
WBL Coordinator:	**Date:**
Principal: **School:**	**Date:**
CTE Director: *(or designated WBL Coordinator)*	**Date:**
Work Site Supervisor:	**Date:**

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 be discriminated against, 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.

VERIFY WORKERS' COMPENSATION COVERAGE: _____**YES** _____**NO**