



Syracuse City School District
725 Harrison Street, Syracuse, NY 13210

Memorandum of Agreement

(Form #1)

Type of Work Based Learning Experience: Non-Paid Internship

This Work Based Learning Experience Agreement is entered into by and between the Syracuse City School District (SCSD) _____ (Student), his/her Parents/Guardian, _____ (Parent/Guardian), and his/her Work Experience Employer, _____ (Employer), on the date indicated below, whereby the Student will participate in a CTE Internship (Program at the Employer's place of business located at _____, on _____, during the hours of _____).

THE STUDENT UNDERSTANDS THAT HIS/HER CONDUCT IS A REFLECTION UPON THE SCHOOL NAME AND AGREES THAT HE/SHE WILL:

1. Provide his/her own transportation to and from the Employer's place of business (the SCHOOL, the Student's home school, the SCHOOL and the Employer are in no way responsible for providing the Student with transportation to and/or from the Employer's place of business at any time or for any incidents or accidents which may occur while the Student is on route to or from the Employer's place of business)
2. Demonstrate a conscientious attitude and be honest, punctual, cooperative, courteous and willing to learn while at the Employer's place of business.
3. Keep regular attendance as agreed upon with the Employer, excluding Employer-observed holidays, days on which the Employer's place of business is closed or other legal absences and understands that his/her attendance will be taken from his/her weekly attendance reports.
4. Keep regular attendance at his/her home school.
5. Give the Employer as much advance notice as possible if unable to report for work or to do so in a timely manner and contact the CTE teacher at (315) _____.
6. Report to SCHOOL if the Internship location is closed for any reason during at time in which the student is scheduled to be at the Internship location and SCHOOL is in session.
7. Complete weekly time log/record of attendance (Form # 8) reports as required by SCHOOL.
8. Engage in only those work based learning experiences approved by the supervisor at the work-site.

THE EMPLOYER AGREES THAT IT WILL:

1. Not permit the Student to replace any paid employee (in the case of an Internship).
2. Advise the Student of all company rules, regulations and policies which relate to the Student.
3. Explain to the Student the responsibilities and duties of his/her internship and shall correlate on-the-job training with safety instructions given by the SCHOOL.
4. The work of the Student in occupations declared particularly hazardous by the U.S. Department of Labor shall be (i) incidental to the Student's training; (ii) intermittent and for short periods of time; and (iii) under the direct and close supervision of a qualified and experienced person.
5. Provide direct supervision by an authorized employee to the Student as needed.
6. Complete an accident report form and return to SCHOOL in the event of an accident.
7. Review the Student's performance with him/her on a weekly basis and sign a weekly time sheet, complete an evaluation of the Student on forms provided by the SCHOOL.
8. Inform the SCHOOL Instructor/Coordinator when the Student is absent or not performing adequately by calling (315) _____.



(Form #1 Continued)

9. Observe any and all laws that may relate to the Student’s work experience.

THE SCHOOL AGREES THAT IT WILL:

1. Carry the insurance listed for students during class activities including internships, job experiences and work placement.
2. Accident Insurance: SCHOOL carries tertiary accident insurance to cover medical expenses as a result of an accident. The parent’s health insurance is primary and the home school district would be secondary. General Liability Insurance: SCHOOL carries general liability insurance to cover up to one million dollars for a single event. As added protection, a ten million dollar umbrella policy is also in effect.
3. Assist the Student in securing internship placement regardless of his/her sex, race, color, national origin or disability (all inquiries and/or complaints regarding discrimination should be directed to the compliance officer, Patty Clark, SCSD Central Office, 725 Harrison Street, Syracuse, New York 13210. Telephone: (315) 435-4131.
4. Provide the STUDENT with safety instructions correlated by the EMPLOYER with on-the-job training.
5. Review with the Student and the Employer their respective responsibilities and obligations while participating in the Program.

The parties/signatories hereby agree that good communication and understanding between them is vital if the objectives of this Program are to be met and that joint conferences between the Student, Employer, Parent/Guardian, Instructor, and others may be scheduled from time to time in order to discuss:

1. the student’s progress
2. any misunderstandings
3. the reason for termination of the Agreement

This Agreement is not in effect until signed by all parties. This Agreement may be terminated at any time by any party upon written notice to the other parties.

We the undersigned, have reviewed and agreed to the terms and conditions set forth herein.

Date	____ / ____ / ____	_____	Student
Date	____ / ____ / ____	_____	Parent/ Guardian
Date	____ / ____ / ____	_____	Daytime Phone
		_____	Evening Phone
Date	____ / ____ / ____	_____	Employer/ Supervisor
Date	____ / ____ / ____	_____	CTE Teacher
Date	____ / ____ / ____	_____	Home School Principal

The Syracuse City School District hereby advises students, parents, employees and the general public that it is committed to providing equal access to all categories of employment, programs and educational opportunities, including career and technical education opportunities, regardless of actual or perceived race, color, national origin, Native American ancestry/ethnicity, creed or religion, marital status, sex, sexual orientation, age, gender identity or expression, disability or any other legally protected category under federal, state or local law. Inquiries regarding the District’s non-discrimination policies should be directed to: Executive Director of Student Support Services, Civil Rights Compliance Officer, Syracuse City School District, 725 Harrison Street • Syracuse, NY 13210 (315) 435-4131, Email: CivilRightsCompliance@scsd.us

