

Appendix A

Work Based Learning Forms

Application For Work Based Learning (WBL)

PLEASE ATTACH A COPY OF YOUR RESUMÉ TO THIS APPLICATION

Date _____
Student’s Name _____
Social Security # _____ Birth date _____ Age _____
Address _____
Phone _____ Email _____
Grade level at start of program 9 10 11 12

Counselor’s Name _____ Phone _____

Type of WBL Program you are applying for:

- Structured Work Experience
- Service Learning Project(s)
- Cooperative Education
- Other—Please Specify: _____

Name of Parent or Guardian _____ Relationship _____
Telephone number of Parent of Guardian: _____
 Home Work

Are you in good health? Yes No If no, please explain: _____

Are there any health issues the school or employer should be aware of? (e.g., need to take medications; have asthma; etc.) _____

List all vocational courses you have satisfactorily completed:

Course	Year
_____	_____
_____	_____
_____	_____
_____	_____

List the vocational classes you will be enrolled in during the time you are in the Work Based Learning program.

Course	Year
_____	_____
_____	_____
_____	_____
_____	_____

Explain why you want to enroll in Work Based Learning:

What kind of job would you like to train for?

What do you plan to do after graduation?

What is your current school schedule?

Hour	Class	Teacher	Room

What courses do you plan to take next year?

List your previous work experience:

Job Title	Employer	Dates

What transportation will you have to your work site?

List three teachers who would recommend you for this program:

- 1.
- 2.
- 3.

Student Signature

Date

Parent /Guardian Signature

Date

I recommend this student for enrollment in the Work Based Learning program.

Career & Technical Education Teacher's Signature

Date

The school district accepts students for Work Based Learning programs without regard to race, color, religion, creed, national origin, gender, mental or physical handicap.

Document Check List

Student's Name _____ Birth date _____
 Work Site Experience beginning _____ ending _____
 Work Site: _____ Address: _____
 Phone: _____
 Work site supervisor name: _____ Title: _____
 Teacher - Coordinator(s) _____

The following must be complete and on file for each student experience:

- Evaluation of Prospective Work Site
- Parent Information Letter
- Application for Work Based Learning
- Training Agreement (signed by student, parent, school, employer)
- Training Plan
- Work Site Supervisor's Evaluation of Student (may be included in Training Plan).
- Work Site Supervisor Orientation Checklist Complete
- Student Work Site Orientation Checklist Complete
- Student Time Sheet
- Teacher-Coordinator Visitation & Evaluation (recommended once per month)
- Student Evaluation of Work Site Supervisor, School Coordinator and Student
- Alaska Work Permit
- Liability Waiver
- Harassment and Discrimination Statement
- Work Site Confidentiality Agreement
- Education Privacy Act Waiver
- Request for Minimum Wage Exemption for Student Learner (if applicable)
- Hazardous Occupation Exemption (if applicable)
- Student Cover Letter, Resume, and Job Application
- Other _____

Education Privacy Act Waiver

I understand that the type of job I could get and keep depends on my personal traits as well as my qualifications.

I further understand it may be necessary for the school to discuss with prospective employers some of these various traits and qualifications such as, but not limited to:

- Vocational Goals
- Skill Levels Achieved
- Attendance
- Punctuality
- Grades
- Honors
- Computer Proficiency
- Quality and Quantity of Work
- Basic Personal Characteristics

I hereby give this signed waiver with the understanding that the purpose is to provide information to better expand my employment opportunities.

Student Signature Date

Parent /Guardian Signature Date

Employer Contact Form

Name of Business _____
Address _____
Phone _____ Type of business _____
Contact _____ Title _____
Recommended By _____
Hours of Operation _____
Working Hours _____
Comments _____

Date of Contact	Results
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Placement Record

Date of Interview _____ Student _____
Results _____ Hire Date _____
Job Title _____
Supervisor _____ Title _____

Employer Evaluation of Work Based Learning Program

Please share your honest opinion on each of the following questions. We welcome any additional comments you may have about our program!

Question	Yes	No
Were new students adequately screened before being sent to you for an interview?		
Did you as an employer understand your role in the training of the student-learner?		
Did the teacher-coordinator inform you of necessary labor laws?		
To develop proficiency, was maximum use made of the learning experiences at the work site by periodically rotating the student to other tasks?		
Did the school instruct the student with correct technical information related to the job?		
Are there materials or facilities which the school should have available to make the student's training more meaningful?		
Did other employees act favorably to Work Based Learning and the student-learners?		
Would you like to have other student-learners next semester/year?		
Did the teacher-coordinator try to help with any problems at the work site?		
Were the teacher-coordinator's visits adequate?		
Were your periodic written evaluations of the student-learner used by the teacher-coordinator to bring about improvements in the student?		
Was the Work Based Learning program well organized?		
Did the coordinator help in setting up a realistic training plan for the student?		
Was the training plan flexible enough to serve your needs?		
Did you have a signed training plan on file?		
Did the coordinator adequately correlate the student's classroom instruction with the learning experiences at the work site?		
Were the student-learner's hours agreeable to you?		
Were there any major problems with the Work Based Learning experience?		

What are the advantages of a Work Based Learning program for you as an employer?

What do you think are the advantages of the work based learning program for the student-learner?

What can we, the school, do to improve our work based learning program for you, for the student-learners, and for other employers?

Thank you for helping us in maintaining and improving our Work Based Learning program.

Please return this evaluation by _____ (date) to:

Name _____

Address _____

Please use other side for any additional comments or suggestions. Thank you!

Employer Survey

(School District Letterhead)

Date _____

Contact Name _____
Business Name _____
Address _____

Dear _____:

The _____ School District works continually to develop occupational programs that serve the needs of our region. These programs must meet present and projected labor market needs. Your needs and opinions are extremely important to the development of education for employment programs that meet the needs of the region's labor market. Please help us by filling out the survey form below. The time you spend may serve to improve the quality of life for present and future generations. Should you have any questions or want to discuss this survey or the employment of students, you may reach me at the address or phone listed above.

Sincerely,

(Signature)

(Title)

Do you presently hire students who are enrolled in school?	Yes No
Would you consider hiring students on a part-time basis who are currently enrolled in Work Based Learning?	_____
How do you normally select new full and part-time employees (Please check all that apply)	_____
___ Private Employment Agencies	
___ Local Employment Security Office	
___ Recommendations of friends or other business people	
___ Other—please list	

Your Name: _____ Title: _____
Phone: _____ Email: _____

Please list types of jobs for student workers that may be available in your business.

Evaluation of Prospective Work Site

Name of Business: _____ Date Visited: _____
 Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Title: _____ Dept.: _____
 Type of Business: _____ No. of Employees: _____
 Possible Job(s) for Student Learners: _____
 Possible Work Site Supervisor: _____
 Title: _____ Phone: _____

Work Site Qualifications	Circle Rating			Comments or Documentation
	1=Good	2=Fair	3=Poor	
1. Management willing to participate in WBL program	1	2	3	
2. Suitable job(s) for student-learner training	1	2	3	
3. Work site will provide exposure to a variety of occupational tasks	1	2	3	
4. Student-learner does not displace regular worker	1	2	3	
5. Safe work environment (MSDS, safety equipment, injury & illness prevention program, etc.)	1	2	3	
6. Equal opportunity employer	1	2	3	
7. Facilities are handicapped accessible	1	2	3	
8. Facilities and equipment meet industry norms	1	2	3	
9. Union issues will not interfere with student-learner	1	2	3	
10. Employer will offer orientation in safety, emergency situations, & work environment issues	1	2	3	
11. Employer will furnish necessary tools, equipment, and supplies	1	2	3	
12. Employer will comply with all applicable state and federal child labor laws	1	2	3	
13. Work site supervisor is willing to participate in developing student-learner training plans	1	2	3	
14. Work site supervisor is willing to comply with school district policies for work based learning (evaluations, site visits, communication with teacher-coordinator, school holidays, etc.)	1	2	3	

Overall Evaluation (Check One)	(1) Good <input type="checkbox"/>	(2) Fair <input type="checkbox"/>	(3) Poor <input type="checkbox"/>
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Comments:

Teacher-Coordinator Signature _____

Date _____

Harassment and Discrimination Statement

The Teacher-Coordinator should discuss these issues with the student and the employer and give each of them a copy.

The Insert Name of School District complies with all federal and state laws that ban discrimination and sexual harassment, in both public educational programs and in employment situations.

Sexual Harassment (AS 18.80.220)	Discrimination
<ul style="list-style-type: none"> ● Unwelcome sexual advances ● Requests for sexual favors; or ● Verbal/physical/visual conduct of a sexual nature constitutes sexual harassment when: <ol style="list-style-type: none"> (1) submission to the conduct is made an explicit or implicit term or condition of employment; (2) submission to or rejection of the conduct is used as the basis for an employment decision; or, (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating or hostile work environment. <p>RETALIATION FOR COMPLAINING ABOUT SEXUAL HARASSMENT IS UNLAWFUL.</p> <p>To file a sexual harassment claim, contact The Alaska State Commission for Human Rights</p> <p>Phone: Anchorage Area 907-274-4692 Anchorage Area TTY/TDD 907-276-3177 Toll-Free Complaint Hot Line (in-state only) 800-478-4692 TTY/TDD Toll-Free Complaint Hot Line (in-state only) 800-478-3177</p> <p>Address: 800 A Street, Suite 204 Anchorage, AK 99501-3669</p>	<p>Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under the following Federal laws:</p> <p>RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN</p> <p>Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex or national origin.</p> <p>DISABILITY</p> <p>The American with Disabilities Act of 1990, as amended, protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral, and other aspects of employment on the basis of disability. The law also requires that covered entities provide qualified applicants and employees with disabilities with reasonable accommodations that do not impose undue hardship.</p> <p>WAGE DISCRIMINATION</p> <p>In addition to sex discrimination prohibited by Title VII of the Civil Rights Act of 1964, as amended (see above), the Equal Pay Act, of 1963, as amended, prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishments.</p> <p>If you believe that you have been discriminated against under any of the above laws, you should contact immediately:</p> <p>The U.S. Equal Employment Opportunity Commission (EEOC), 1801 L Street, NW, Washington, DC 20507 or an EEOC field office by calling toll free (800) 669-4000. For individuals with hearing impairments, EEOC's toll free TDD number is (800) 669-6820.</p>

I have read and understand this information sheet, and the Work Based Learning Coordinator has explained these issues to me.

Student Signature

Date

Work Site Supervisor Signature

Date

Hazardous Occupation Exemption for Student Learners

STUDENT and WORK SITE DATA

Student Name _____

Parent/Guardian _____ Phone _____

Address _____

Home Phone _____ Date of Birth _____ Grade Level _____

WBL Coordinator _____ Phone # _____

School _____

Work Site _____ Phone _____

Address _____

Date Assignment Starts _____ Planned Ending Date _____

16 and 17 Year Old Student Learners

With the *Hazardous Occupation Exemption for Student Learners*, students can be employed in specific occupations declared hazardous by the Federal Child Labor Law. This agreement may only be executed in school sponsored Work Based Learning programs that provide specific skills training. This agreement only applies to 16- and 17-year old student learners and to the specific occupations as marked below.

CHECK THE HAZARDOUS OCCUPATION(S) FOR WHICH THE EXEMPTION APPLIES:

- On a scaffolding, roof, superstructure, residential building construction or ladder above 6 feet.
- In the operation of power-driven woodworking machines.
- In the operation of power-driven metal forming, punching, or shearing machines.
- Slaughtering, meat packing, processing, or rendering
- In the operation of power-driven paper products and printing machines.
- Excavation operations.
- Working on electric apparatus of wiring.

- Operating or assisting to operate tractors over 20 PTO horsepower, any trencher or earthmoving equipment, fork lift, or any harvesting, planting, or plowing machinery, or any moving machinery.

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) 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 safety instructions shall be given by the school and by the employer.
- (5) That the student has a schedule of organized and progressive work processes to perform on the job.

Student's Name (type or print)	Student's Signature
Parent's/Guardian's Name (type or print)	Parent's/Guardian's Signature
Employer's Name (type or print)	Employer's Signature
Coordinator's Name (type or print)	Coordinator's Signature
Principal's Name (type or print)	Principal's Signature
Optional: Superintendent's Name (type or print)	Optional: Superintendent's Signature

The employer and the school will each maintain a copy of this form.

Health and Safety Checklist (Work Based Learning Work Site Safety Assessment)
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Organization: _____ Date: _____
 Address: _____
 Site Supervisor: _____
 Checked By: _____

S = Satisfactory
 U = Unsatisfactory
 N/A = Not Applicable

Add occupationally-specific considerations as needed.

	Comment:
Floors and Walkways	
<input type="checkbox"/> Exits are marked; walkways and stairways are clear	
<input type="checkbox"/> Locations of cleanup supplies are identified	
<input type="checkbox"/> Non-slip mats, grates, or slip-free coatings are used in potentially wet areas	
<input type="checkbox"/> Stairways have handrails	
<input type="checkbox"/>	

	Comment:
Ladders (including step stools, etc.)	
<input type="checkbox"/> Ladders appear to be in good condition	
<input type="checkbox"/> Ladders have safety feet	
<input type="checkbox"/> Non-metal ladders are used where there is a possibility of electric shock	
<input type="checkbox"/>	

	Comment:
Fire Safety	
<input type="checkbox"/> There are at least two emergency exits for each work area	
<input type="checkbox"/> Fire exits are clearly marked and pathways to exits are clear	
<input type="checkbox"/> Emergency procedures are posted and discussed in student orientation	
<input type="checkbox"/> Fire extinguisher(s) are available and marked	
<input type="checkbox"/>	

	Comment:
Electrical Hazards	
<input type="checkbox"/> Visible electric cords are in good condition (unfrayed and without defects)	
<input type="checkbox"/> Any floor cords and cables are covered with safety covers	
<input type="checkbox"/> Emergency "stop" switch is available to shut down electricity (where applicable)	
<input type="checkbox"/>	

	Comment:
Machine Guarding and Mechanical Safety	
<input type="checkbox"/> Machines are securely attached to the floor	
<input type="checkbox"/> Machines have protective guards as appropriate to protect workers	
<input type="checkbox"/> Emergency turn off switches are functional and available where appropriate	

<input type="checkbox"/>	Safe use procedures are posted and discussed in student orientation	
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Ventilation

<input type="checkbox"/>	Temperature, humidity and air movement appear to be appropriately maintained	Comment:
<input type="checkbox"/>	Air exchange equipment is operational; maintains clean air availability	

Lighting

<input type="checkbox"/>	There is adequate light throughout the work site	Comment:
<input type="checkbox"/>	Areas surrounding equipment and machinery are well lighted	

Sanitation & Housekeeping

<input type="checkbox"/>	Toilet facilities are clean and well-ventilated	Comment:
<input type="checkbox"/>	Toilet facilities have sinks with hot and cold water, hand soap and disposable hand towels	
<input type="checkbox"/>	Insects and rodents are adequately controlled	
<input type="checkbox"/>	An eating area is available separate from the work area	
<input type="checkbox"/>	Eating areas and drinking facilities are clean	
<input type="checkbox"/>	Waste containers appear to be adequate, leak proof and emptied regularly	

Noise

<input type="checkbox"/>	Noise is monitored/maintained at a comfortable level	Comment:
<input type="checkbox"/>	High-noise areas require hearing protection	

Chemical Hazards

<input type="checkbox"/>	Chemicals are properly labeled and stored	Comment:
<input type="checkbox"/>	Activities involving use of chemicals require protective clothing and/or equipment	
<input type="checkbox"/>	Safe use procedures are posted and discussed in student orientation	
<input type="checkbox"/>	Material Safety Data Sheets (MSDS) are current and accessible	
<input type="checkbox"/>	Smoking near chemicals of any type is prohibited	
<input type="checkbox"/>	Environment in which student will be placed is non-smoking	

Ergonomic Hazards

<input type="checkbox"/>	Lifting is a minimal element and under 50 pounds (alone)	Comment:
<input type="checkbox"/>	Proper lifting procedures are posted and covered in student orientation	
<input type="checkbox"/>	Tasks requiring repetitive movements are varied or rotated	

Liability Waiver

I/We, Insert Parent's Name, the parent(s)/legal guardian(s) of Insert child name, a minor child, and said minor child, freely and voluntarily release from any suit, damage, action, or any other claim of any nature whatsoever, the Insert School District Name School District, its Career and Technical Education Program, its Work Based Learning Program, and the Program Coordinator.

This release is given for and in consideration of the above named persons accepting said minor child into the Work Based Learning Program. Further, this release is executed as permitted by the laws and court of the State of Alaska.

This release is effective as against any representatives of the above released parties.

What is Released?

The Student and the Parent release the Insert School District Name and its Work Based Learning program (“the District”) from any liability from any injury, harm or damage to the Student or the Parent caused, directly or indirectly, by the Student’s participation in the District’s Work Based Learning program. This Release applies to all claims of damages, including, without limitation, medical expenses, rehabilitation expenses, pain and suffering and punitive damages.

What is not Released?

This Release does *not* release claims, if any, the Student or the Parent may have against the District arising from:

- those parts of the worker’s compensation laws, and related statutes, which as a matter of law may not be waived or released;
- those provisions of the wage and hour laws which as a matter of law may not be waived or released;
- other provisions of state and federal law which as a matter of law may not be waived or released; and
- intentional misconduct or gross negligence by the District.

Who is Released?

The Student and the Parent are releasing and waiving claims described in this agreement against the following persons:

- employees, officers, agents and contractors of the District, including without limitation, teachers, staff, principals, administrators and school board members; and any other representatives of the District.

Who is bound by this Release?

This Release is binding and enforceable against the Student, the Parent, and the heirs, devisees, estates and personal representatives, and other successors in interest of the Student and the Parent.

We have read this release carefully and understand that by signing it we agree to surrender the right to recover damages from the district in many cases. We agree to be bound to the terms and conditions of the release. In recognition of this release, and the value of the consideration aforementioned, we have caused our signatures to be affixed this Insert Day day of Insert Month, Insert Year.

Minor Child Signature

Parent/Guardian Signature

PARENT EVALUATION OF WORK BASED LEARNING PROGRAM

1. Did the school give you adequate information about the Work Based Learning program before your son/daughter enrolled? Please explain.
2. Did your son/daughter receive adequate training, supervision, and feedback from the work site supervisor? Please explain.
3. Did your son/daughter receive adequate training, supervision, and feedback from the school's work based learning coordinator? Please explain.
4. Have your son's or daughter's grades or attendance shown improvement since enrolling in the program?
5. Did your son/daughter have any transportation problems? If so please describe.
6. Did your son/daughter have any problems at the work site?
7. What benefits did the Work Based Learning program have for your son/daughter?
8. Do you have any suggestions for us on how we could improve our Work Based Learning program for other students?

Parent Information Letter (sent on school letterhead)
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Date

Parent Name

Address

City, State Zip

Dear _____:

Your son/daughter has registered to participate in the Work Based Learning Program at Insert name of high school. This is a structured program whereby high school students receive instruction at school and related paid work site experience for application of that instruction. Work Based learning offers students a chance to extend the classroom into a workplace setting, combining classroom activities with actual work experience. The purpose is to provide students the opportunity to connect what they learn in school with work site application to enable a smooth transition into the work force or postsecondary education upon high school graduation.

All students will interview for positions with local businesses. The final placement of students is based on the employer's decision. Students and parents will be asked to sign and abide by a contractual training agreement, which must be signed before the student begins the placement for high school credit.

Work site evaluation of the student-learner's performance will be conducted by the employer and discussed with the student by the employer and school coordinator to assess progress towards attainment of established competencies. School personnel will conduct regular on-site visits to monitor the student-learner's progress.

I am looking forward to working with you and your son/daughter during this school year. If you have any questions, please feel free to contact me at school Insert school phone number or at home Insert home phone number.

Sincerely,

Name

Work Based Learning Coordinator

Request for Minimum Wage Exemption for Student Learners

Date

Alaska Department of Labor & Workforce Development
Labor Standards and Safety Division
P.O. Box 21149
Juneau, Alaska 99802-1149

Re: Request for Exemption from Minimum Wage for Student Learner

We hereby request an exemption to the state minimum wage for student learners that we will be employing during the 2003-2004 school year (August ____, 2003 through June ____, 2004). These student learners are enrolled in a vocational course of study under a recognized local educational authority, the XYZ School District, specifically the ABC High School's Work Based Learning Program. The students take related vocational courses at the school, including Office Procedures, Computer Applications, and Accounting. We employ them as student learners in the following positions: receptionist, administrative clerk, and data entry clerk.

We are asking for the exemption because the student learners are not capable of performing their job duties to the same level of competence that a regular worker would. It takes many hours of our own staff members' time to instruct and supervise the student workers.

We attest that we will abide by all the requirements of AS 23.10.325 – 23.10.370 related to the employment of minors. We further attest that the wage we pay the student learners will not be less than 75 percent of the minimum wage established under AS 23.10.065.

We are enclosing copies of the approved student learners' work permits.

If you need further information, please contact us. Otherwise, we look forward to your approval of our request.

Thank you.

Sincerely,

Jane Smith
Employer
President, _____ Company
9999 Icecap Road
Anytown, AK 99999
Phone 907-123-0000

John Q. Teacher
Work Based Learning Coordinator
XYZ School District
123 Main Street
Anytown, AK 99999
Phone 907-555-5555

Enclosures:
Work Permits

Sample Cover Letter

September 12, 2003

Mr. Jake Warner
111 Glacier Avenue
Anytown, AK 99999

Dear Mr. Warner:

Mr. Bill Conners, my Work Based Learning coordinator at XYZ High School, told me that you have an opening for a student-learner at the front desk in your office. Please consider me for this position.

I have very good computer skills. I have taken Microsoft Word, Microsoft Excel, and Adobe PageMaker, all with a grade of A or B. During my junior year, I used these programs extensively as I worked on the school newspaper both as a reporter and as a layout person. My average typing speed is 50 wpm with one mistake and I am a very good proof-reader and editor. During my senior year, I hope to complete my courses in Microsoft Office and take the MOS certification test.

I have good customer service skills and would be able to greet your customers in person or on the phone and put them in contact with the staff person they need.

My resume is attached for you to look at. Please contact me so we can set up a time for an interview. I would enjoy working for your company.

Thank you.

Mary Smith
112233 Main Street
Anytown, AK 99999
907-555-9999

Sample Job Application

Company OR Employer
Name: _____

Position Applied for: _____

Employment Application

Telephone: _____

Social Security Number _____

(Optional)

YOUR NAME: _____
Last
First
Middle

ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A?

Yes No (If yes, verification will be required)

I AM SEEKING A PERMANENT POSITION Yes No

I AM SEEKING TEMPORARY WORK UNTIL (DATE) _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMMODATION?

Yes No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Work Shifts? Yes No If Yes to shifts, which shifts? _____

Work Overtime? Yes No

Provide a valid Alaska Drivers License? Yes No

IF NECESSARY FOR THE JOB, ARE YOU OVER: 14 15 16 18 19 21 (Please Circle One)

I WILL BE ABLE TO REPORT TO WORK _____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION

School Name/Location	Yrs. Completed	Field of Study	Graduate or Degree
High school			
College/University			
Business/Technical			
Other (May Include grammar school)			

MILITARY SERVICE

Yes

No

DUTY/SPECIALIZED TRAINING _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name Address/telephone Occupation Years known

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or on an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed From _____ To _____
_____	_____	Salary _____
_____	Supervisor's Name Telephone	Reason for leaving _____
_____	_____	_____
Employer Name and Address	Position Title/Duties Skills	Dates Employed From _____ To _____
_____	_____	Salary _____
_____	Supervisor's Name Telephone	Reason for leaving _____
_____	_____	_____

Sample Resume

Mary J. Smith

112233 Main Street
Anytown, AK 99999
907-555-9999
Msmith@someisp.com

Objective

Seeking employment in the business field, using my extensive computer software knowledge, customer service skills, and interpersonal communication talents.

Work Experience

Reporter, XYZ High School Newspaper, 2000-2002
XYZ High School, 555 Tundra Road, Anytown, AK 99999
Supervisor: Mr. James Bellman, 907-555-7890
Researched and wrote articles for weekly school newspaper
Used word processing and page layout software for preparing the newspaper for printing

Checker, ABC Groceries, 2000-2001
789 Elm Street, Anytown, AK 99999
Supervisor: Mrs. Janice Jones, 907-555-1212
Worked second shift (4:00 p.m. – 11:00 p.m.) while going to high school full time
Used computerized scanning equipment to check out groceries
Acquired good customer service skills
Earned enough money to pay for my own car and insurance
Trained new checker after being on the job for six months

In-home Child Care, Summer 2000
Supervisors: Mr. & Mrs. Dale Durbin, 907-555-3333
Supervised two children, ages 3 and 7, during summer months
Designed and carried out indoor and outdoor activities with the children
Accompanied children to swimming lessons and dance classes two times each week

Education

Senior at XYZ High School
Anytown, AK 99999
Expected Graduation Date: May 30, 2004
GPA: 3.1
President of Journalism Club
Member of junior varsity basketball squad
Successfully completed 2 years of computer software classes, including Microsoft Word, Microsoft Excel, and Adobe PageMaker

References upon request

Site Visit and Student Evaluation

Student: _____

Employer: _____

Work Site Supervisor: _____

Hours of Work: _____

Training Goal: _____

The student will learn and demonstrate the following skills during the work site training. Teacher-Coordinator, please use the following rating scale for each skill (please refer to YES Grids [Youth Employability Skills Grids] in Appendix C for full explanation of the ratings and for other employability skills). Fill in the work site evaluation on the back of this form.

1 = Exemplary (Exceeds Expectations)	3 = Developing (Has Potential)
2 = Acceptable (Meets Expectations)	4 = Deficient (Counterproductive OR Not Engaged)

EVALUATION OF STUDENT

EED, WIA, & YES EMPLOYABILITY SKILLS					
Date Evaluated →					
Demonstrates punctuality					
Is dependable					
Complete assignments in accurate and timely manner					
Exhibits ability to set priorities					
Demonstrates problem-solving skills					
Demonstrates knowledge of company products and services					
Shows courtesy and respect towards others					
Builds constructive and effective relationships					
Demonstrates effective communication skills					
Demonstrates flexibility and willingness to learn					
OCCUPATIONAL SPECIFIC SKILLS (Examples)					
Date Evaluated →					
Operates cash register					
Makes change					
Closes out register					
Addresses people properly					
Handles customer inquiries					
Uses safety precautions					
Prices and marks stock					
Orients new employees					
Demonstrates product					
Opens the sales presentation					
Teacher-Coordinator Initials					

Comments:

Work Site Visit

Circle Y (Yes) or N (No) for each question. Add comments at the bottom or on a separate page.

Work Site Attributes	Date Visited→					
1. Does the work site supervisor help in the development and re-evaluation of the student's training plan?	Y N	Y N	Y N	Y N	Y N	Y N
2. Is the work site supervisor following the training plan?	Y N	Y N	Y N	Y N	Y N	Y N
3. Is the student being given a range of on-the-job experiences?	Y N	Y N	Y N	Y N	Y N	Y N
4. Has the work site supervisor kept in regular contact with the teacher-coordinator?	Y N	Y N	Y N	Y N	Y N	Y N
5. Is the employer in compliance with all applicable child labor and wage laws?	Y N	Y N	Y N	Y N	Y N	Y N
6. Is there evidence that the student is not displacing a full-time worker?	Y N	Y N	Y N	Y N	Y N	Y N
7. Is there sufficient supervision of the student at all times?	Y N	Y N	Y N	Y N	Y N	Y N
8. Is the work environment safe (MSDS, safety equipment, injury & illness prevention program, etc.)?	Y N	Y N	Y N	Y N	Y N	Y N
9. Is the employer an equal opportunity employer?	Y N	Y N	Y N	Y N	Y N	Y N
10. Are the facilities handicapped accessible?	Y N	Y N	Y N	Y N	Y N	Y N
11. Do the facilities and equipment meet industry norms?	Y N	Y N	Y N	Y N	Y N	Y N
12. Is there evidence that union issues are not interfering with the student-learner?	Y N	Y N	Y N	Y N	Y N	Y N
13. Did the employer offer orientation in safety, emergency situations, & work environment issues?	Y N	Y N	Y N	Y N	Y N	Y N
14. Did the employer furnish necessary tools, equipment, and supplies?	Y N	Y N	Y N	Y N	Y N	Y N
15. Has the employer complied with school district policies for Work Based Learning?	Y N	Y N	Y N	Y N	Y N	Y N
16. Have the work site supervisor or student encountered any problems? If Yes, please explain below.	Y N	Y N	Y N	Y N	Y N	Y N
17. Does the work site supervisor want or need additional help or training from the teacher-coordinator? If so, please explain below how these needs will be satisfied.	Y N	Y N	Y N	Y N	Y N	Y N
Teacher-Coordinator Initials						

Comments:

STUDENT EVALUATION OF WORK BASED LEARNING PROGRAM
--

1. Did you receive adequate training, supervision, and feedback from the work site supervisor? Please explain.
2. Did you receive adequate training, supervision, and feedback from the school's Work Based Learning coordinator? Please explain.
3. Have your grades or attendance shown improvement since enrolling in the program?
4. Did you have any transportation problems? If so please describe.
5. Did you have any problems at the work site?
6. What benefits did the Work Based Learning program have for you?
7. Do you have any suggestions for us on how we could improve our Work Based Learning program for other students?

STUDENT INSURANCE AND EMERGENCY INFORMATION

STUDENT'S PERSONAL DATA

Name _____ Birth Date _____
Home Address _____
City _____ State _____ Zip _____
Social Security Number _____ Home Phone _____
School Name _____ Phone _____
Address _____

INSURANCE COVERAGE

NOTE: Please identify who is providing coverage by placing an (X) in the appropriate box.

Insurance Coverage	Yes/No	Family	School	Employer
Liability and/or Bonding	_____	_____	_____	_____
Workers' Compensation	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____

Name of H/A Ins. Co. _____
Policy # _____ Insured _____

STUDENT MEDICAL INFORMATION

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications? ___ YES ___ NO

If yes, what medications? _____

List any allergies or other medical problems of the student.

FAMILY INFORMATION

Parent/Guardian Name _____ Work Phone _____
Work Name/Address _____
Parent/Guardian Name _____ Work Phone _____
Work Name/Address _____
Parent/Guardian Home Address _____ Home Phone _____
Emergency Contact _____ Phone _____

SIGNATURES

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

Note: This form should be kept on file at school. A copy should also be on file at the work site.

Student Learner Orientation to Work Site

Student _____

Date _____

Work Site _____

Work Site Supervisor _____

Directions: It is important the student-learner receives information about the following work-related factors. Check each item as the information is given to the student-learner. Please return the completed form to the teacher-coordinator.

Company Orientation

- Give student-learner copies of printed material.
- Explain the work site's history.
- Describe the work site's product lines.
- Discuss work site policies and procedures regarding:
 - Hours of operation/work
 - Overtime policies
 - Pay periods
 - Vacation policies
 - Holiday policy
 - Appropriate dress and grooming
 - Safety rules
 - Emergency procedures
 - Procedures for absence
 - Parking
 - Procedures for arrival
 - Procedures for departure
- Explain facility layout:
 - Work areas
 - Restrooms
 - Breakroom/lounge/kitchen
 - Employee parking
- Describe student-learner benefits, if any:
 - Discounts
 - Educational Assistance

Department Orientation

- Describe the relationship of the department to the company.
- Discuss specific departmental rules including:
 - Lunch periods and breaks
 - Work schedules
 - Days off
 - Presence of food at work station
 - Other
- Introduce co-worker(s).
- Explain job responsibilities of co-worker(s).

Job Orientation

- Show student-learner his/her workstation.
- Describe student-learner's responsibilities, tasks, and performance evaluation.
- Explain where and how to acquire supplies/tools/etc.
- Explain safety procedures.
- Explain the importance of the student-learner's responsibilities to the organization.

STUDENT SELF EVALUATION

Student: _____

Employer: _____

Work Site Supervisor: _____

Hours of Work: _____

Training Goal: _____

The student will learn and demonstrate the following skills during the work site training.

Student, please use the following rating scale for each skill (please refer to YES Grids [Youth Employability Skills Grids] in Appendix C for full explanation of the ratings and for other employability skills):

1 = Exemplary (Exceeds Expectations)	3 = Developing (Has Potential)
2 = Acceptable (Meets Expectations)	4 = Deficient (Counterproductive OR Not Engaged)

EED¹, WIA², & YES³ EMPLOYABILITY SKILLS					
Date Evaluated →					
Demonstrates punctuality					
Is dependable					
Complete assignments in accurate and timely manner					
Exhibits ability to set priorities					
Demonstrates problem-solving skills					
Demonstrates knowledge of company products and services					
Shows courtesy and respect towards others					
Builds constructive and effective relationships					
Demonstrates effective communication skills					
Demonstrates flexibility and willingness to learn					
OCCUPATIONAL SPECIFIC SKILLS (Examples)					
Date Evaluated →					
Operate cash register					
Make change					
Close out register					
Address people properly					
Handle customer inquiries					
Use safety precautions					
Price and mark stock					
Orient new employees					
Demonstrate product					
Open the sales presentation					
Student Initials					

1. EED: Alaska Department of Education and Early Development

2. WIA: Workforce Investment Act

3. YES: Youth Employability Skills

Comments—Please use back of page for comments

WORK BASED LEARNING THANK YOU LETTER GUIDE & SAMPLE LETTER

Writing a thank you letter to your work site employer is very important to show your appreciation. When you write your letter, remember to do the following:

1. Be neat.
2. Watch your spelling and grammar.
3. Begin your letter with a sentence that specifically thanks the employer or company for allowing you to work and train there. For example, "Thank you for allowing me to work at your company these past three months."
4. State something specific that you learned or enjoyed during the experience. For example, "I learned a great deal about being an automotive service writer."

Sample Letter

March 22, 2001

Mr. David Smith
Personnel Manager
ACME Accountants
3877 Henderson Street
Juneau, AK 99801

Dear Mr. Smith:

Thank you for allowing me to work for you these past three months. I realize that this took time away from your regular responsibilities, and I am grateful for all the training and help that you gave me.

I have talked to my family and school counselor about my experience at ACME, and I have decided that I really do want to become an accountant. I plan to take more math and computer classes next year as you suggested, and I hope to be able to work at your company in another Work Based Learning experience during my senior year.

Thank you again for giving me this valuable learning experience.

Sincerely,

Sam T. Student
Juneau Douglas High School

WORK BASED LEARNING PROGRAM Student Time Sheet

Student Name: _____

Employer: _____

Dates Worked for This Report From (mm/dd/yr): _____ To (mm/dd/yr): _____

Date	Time In	Time Out	Hours	Absence/Reason	Date	Time In	Time Out	Hours	Absence/Reason
1	8:00 AM	1:00 PM	5:00		16	8:00 AM	1:00 PM	5:00	
2	9:00 AM	12:05 PM	3:05		17			0:00	
3			0:00		18			0:00	
4			0:00		19			0:00	
5			0:00		20			0:00	
6			0:00		21			0:00	
7			0:00		22			0:00	
8			0:00		23			0:00	
9			0:00		24			0:00	
10			0:00		25			0:00	
11			0:00		26			0:00	
12			0:00		27			0:00	
13			0:00		28			0:00	
14			0:00		29			0:00	
15			0:00		30			0:00	
TOTAL HOURS			8:05		31			0:00	
								TOTAL HOURS	5:00
								MONTHLY TOTAL	13:05

Student Signature Date

Work Site Supervisor Signature Date

Training Agreement

Student Name: _____ Phone: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____
Parent/Guardian: _____
Employer Name: _____ Phone: _____
Work Site Supervisor: _____ Phone: _____
Employer Address: _____
Work Site Contact Name: _____
Employer's Insurance Carrier: _____
Days per Week: _____ Hours per Day: _____ Hours _____ A.M. _____ P.M. _____
School Name: _____ School Location: _____
Career Cluster: _____ Training/Occupation Title: _____

Work Based Learning Activity: *(Check all that apply)*

- Structured Work Experience
- Service Learning Project(s)
- Cooperative Education
- Other (please specify)

RESPONSIBILITIES

THE STUDENT WILL:

- ◆ Be prompt and maintain regular attendance at school and the work site.
- ◆ Obey all rules and regulations at school and the work site.
- ◆ Maintain high academic and training standards.
- ◆ Call appropriate school and work site personnel if late or absent for reasons beyond the student's control.
- ◆ Arrive at work site appropriately dressed.
- ◆ Communicate openly with school coordinator or work site supervisor concerning any problems, concerns, or conditions that are interfering with progress at school or work site.

THE PARENT(S) OR GUARDIAN(S) WILL:

- ◆ Grant permission and give support for Work Based Learning (WBL) participation.
- ◆ Inform instructor/coordinator of information vital to the performance and success of the student.
- ◆ Arrange transportation to and from the training site.
- ◆ Attend meetings or activities to promote or monitor the student's progress.
- ◆ Provide appropriate accident and liability insurance as required.

THE WORKPLACE SUPERVISOR WILL:

- ◆ Interview and select students for the program.
- ◆ Support the standards-based training plan developed in coordination with the school district.
- ◆ Appoint a work site supervisor for the student.
- ◆ Provide appropriate training space and equipment.
- ◆ Provide accident, liability, and workers' compensation insurance coverage as appropriate.
- ◆ Assess student's progress on a regular basis.
- ◆ Notify the school if student is absent without notification.
- ◆ Provide safety instruction for student training.
- ◆ Permit the school's representative(s) to visit the student and supervisor at work site.
- ◆ Maintain appropriate records.
- ◆ Abide by the federal, state, and local safety standards and labor laws.

THE SCHOOL WILL:

- ◆ Appoint a coordinator to assist students at school and the work site.
- ◆ Work with the employer in developing a standards-based training plan.
- ◆ Monitor each student's progress at the training site periodically.
- ◆ Assist students in planning and integrating school curriculum and training with emphasis on applied academics and related occupational courses.
- ◆ Adjust class schedules when necessary to accommodate students.
- ◆ Provide individual career guidance to assist the student in deciding the next career progression step after high school.
- ◆ Assess student performance.
- ◆ Award school credit for the education/training as per district policy.
- ◆ Ensure that accident, liability, and workers' compensation insurance is provided by the appropriate parties.
- ◆ Maintain appropriate records.

Cooperative Education related instruction (optional):

Parents agree to arrange transportation for their child to and from the work site. By signing this form they are giving permission for their child to receive emergency medical treatment in case of injury or illness. They also understand that the school personnel will not be present when the student is at the site and will not be responsible for their child. All signatories agree to comply with the responsibilities specified in the training agreement.

_____ Student	_____ Date	_____ WBL Teacher-Coordinator	_____ Date
_____ Parent or Guardian	_____ Date	_____ Employer	_____ Date

Training Plan and Student Evaluation

Student: _____

Employer: _____

Work Site Supervisor: _____

Hours of Work: _____

Training Goal: _____

The student will learn and demonstrate the following skills during the work site training.

Work Site Supervisor, please use the following rating scale for each skill (please refer to YES Grids [Youth Employability Skills Grids] in Appendix C for full explanation of the ratings and for other employability skills):

1 = Exemplary (Exceeds Expectations)	3 = Developing (Has Potential)
2 = Acceptable (Meets Expectations)	4 = Deficient (Counterproductive OR Not Engaged)

EED¹, WIA², & YES³ EMPLOYABILITY SKILLS					
Date Evaluated →					
Demonstrates punctuality					
Is dependable					
Complete assignments in accurate and timely manner					
Exhibits ability to set priorities					
Demonstrates problem-solving skills					
Demonstrates knowledge of company products and services					
Shows courtesy and respect towards others					
Builds constructive and effective relationships					
Demonstrates effective communication skills					
Demonstrates flexibility and willingness to learn					
OCCUPATIONAL SPECIFIC SKILLS (Examples)					
Date Evaluated →					
Operate cash register					
Make change					
Close out register					
Address people properly					
Handle customer inquiries					
Use safety precautions					
Price and mark stock					
Orient new employees					
Demonstrate product					
Open the sales presentation					
Supervisor Initials					

1. EED: Alaska Department of Education and Early Development
2. WIA: Workforce Investment Act
3. YES: Youth Employability Skills

Comments—Please use back of page for comments

ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT



- INDIVIDUAL WORK PERMIT APPROVED
- APPROVED AS AMENDED

DENIED

By: _____

Date: _____

- GENERAL DUTIES WORK PERMIT APPROVED FOR:

- 16 & 17 YEAR OLDS; OR
- 14 - 17 YEAR OLDS

By: _____

Date: _____

INDIVIDUAL WORK PERMIT:

1. Employer completes and signs *Section A*
2. Parent or guardian completes and signs *Section B*.
3. Employer submits work permit and LEGIBLE copy of minor's proof of age to the Wage and Hour office.
4. When the approved work permit is returned, the minor may begin work.

GENERAL DUTIES WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Employer submits work permit to Wage and Hour office
3. The approved duties are returned to the employer. After employer obtains the signature of the minor's parent or guardian in *Section B*, the minor may begin work.
4. Employer **must return a copy** of the work permit signed by the parent or legal guardian and **LEGIBLE** copy of proof of age to the Wage and Hour office **within seven (7) calendar days** of minor beginning work.

Section (A) to be completed by EMPLOYER

Name of Employer:		Employer Fax Number:	
DBA/		Employer Phone Number:	
Employer's Local Mailing Address:		City	Zip
Location of Employment (Physical Address):		City	Zip
Duties to be performed by minor:	Tools, Equipment or Machinery to be Used by Minor:		
Do these duties involve being on a licensed restaurant designated premise where alcoholic beverages are served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate:	Pay Periods:	
<p>✓ SEE REVERSE SIDE - FEDERAL LIMITATIONS MAY BE MORE STRICT.</p> <p>HOURS OF WORK FOR YOUTHS AGES 14 AND 15 YEARS WILL BE RESTRICTED AS INDICATED BELOW.</p> <ul style="list-style-type: none"> ❖ When school is in session, hours will be limited to a combined total of nine hours of school attendance plus employment in any one day; work will be performed only between the hours of 5 a.m. and 9 p.m.; total hours worked in one week will be limited to 23 hours. ❖ During school vacations, work hours will be limited to a maximum of 8 hours per day and a maximum of 40 hours per week and work will be performed only between the hours of 5 a.m. and 9 p.m. <p>Alaska law (AS 23.10.350 (c)) states that a minor under 18 years of age:</p> <ul style="list-style-type: none"> (i) may not be employed or allowed to work more than six days a week (ii) who works for five (5) consecutive hours without a break is to have a break of at least 30 consecutive minutes before continuing work 			
I affirm and agree that such working conditions will be maintained and that all changes shall have the prior approval of the Commissioner of Labor & Workforce Development.			
Printed Name of Employer or Agent Acting for Employer		Signature	Date

Section (B) to be completed by PARENT or GUARDIAN prior to employment of minor

PROOF OF CHILD'S AGE: YOU MUST PROVIDE ONE OF THE FOLLOWING DOCUMENTS OR A COPY THEREOF		
<input type="checkbox"/> Driver's License or Permit, <input type="checkbox"/> State I. D., <input type="checkbox"/> Birth Certificate, <input type="checkbox"/> Passport, <input type="checkbox"/> Authenticated School Records, <input type="checkbox"/> Military I. D., <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> An official signed statement of B.I.A. census records <input type="checkbox"/> Other (Specify) _____		
Name of Minor (Print):	Address:	Date of Birth:
I affirm that I am the parent/stepparent <input type="checkbox"/> or the legal guardian <input type="checkbox"/> of the above-named minor and that such minor has my consent to be employed in any occupation authorized by the Alaska child labor laws, Alaska Statutes 23.10.325-370.		
Signature (Legal guardian must attach documentation)	Telephone Number	Date

NOTICE: All information requested is required to process this work permit. Records of the Department are public records and may be subject to inspection and copying under AS 09.25.110-220 or be provided to other State agencies (see AS 44.99.310).

Labor Standards & Safety Division
Alaska Department of Labor &
Workforce Development
1111 West Eighth Street, Suite 302
Juneau, Alaska 99802-1149
Phone: 465-4842
FAX: 465-3584

Labor Standards & Safety Division
Alaska Department of Labor &
Workforce Development
3301 Eagle Street, Suite 301
Anchorage, Alaska 99503-4149
Phone: 269-4900
FAX: 269-4915

Labor Standards & Safety Division
Alaska Department of Labor &
Workforce Development
Regional State Office Building
675 7th Avenue, Station J-1
Fairbanks, AK 99701
Phone: 451-2886
FAX: 451-2885

✓ EMPLOYERS PLEASE NOTE:

OCCUPATIONS PROHIBITED TO ALL MINORS UNDER 18:

1. Occupations in manufacturing, handling, or use of explosives.
2. Occupations of motor vehicle driver or helper (limited exceptions.)
3. Mining operations including coal.
4. Logging or occupations in the operations of any sawmill, lath mill, shingle mill or cooperage.
5. Operations of power-driven woodworking machines.
6. Occupations with exposure to radioactive substances and to ionizing radiation.
7. Occupations involving exposure to bloodborne pathogens.
8. Operation of elevators or other power-driven hoisting apparatus.
9. Operation of power-driven metal forming, punching, and shearing machines.
10. Occupations involving slaughtering, meatpacking or processing, or rendering.
11. Occupations involved in the operation and cleaning of power-driven bakery machines.
12. Occupations involved in the operation of power-driven paper products machines.
13. Occupations involved in the manufacture of brick, tile, and kindred products.
14. Occupations involved in the operation and cleaning of circular saws, band saws and guillotine shears.
15. Occupations involved in wrecking, demolition, and shipbreaking operations.
16. Occupations involved in roofing operations.
17. Occupations involved with excavation operations.
18. Electrical work with voltages exceeding 220, or outside erection or repair, and meter-testing, including telegraph and telephone lines.
19. Occupations involved in canvassing, peddling, door-to-door solicitation, or sales.

IF UNDER 16 THESE ADDITIONAL OCCUPATIONS ARE ALSO PROHIBITED:

1. Occupations in manufacturing, mining, or processing, including work rooms or places where goods are manufactured, mined, or otherwise processed.
2. Occupations involved in operation of hoisting or power-driven machinery other than office machines.
3. Operation of motor vehicle or service as helper on motor vehicle.
4. Public messenger service.
5. Occupations in or about canneries, seafood plants, including cutting, slicing, or butchering, or the operation of any floating plant and including loading or unloading.
6. Work performed in or about boilers, engine rooms, or retorts.
7. Work involved with maintenance or repair of the establishment's machines or equipment.
8. Occupations that involve working from window sills, ladders, scaffolds, or their substitutes.
9. Occupations which involve operating, setting up, adjusting, cleaning, oiling, or repair of power-driven food slicers, grinders, choppers, cutters, and bakery-type mixers.
10. Work in freezers, meat coolers, or preparation of meat for sale.
11. Loading or unloading to and from trucks, railroad cars, or meat conveyors.
12. Occupations in warehouses except office and clerical work.
13. Occupations involving use of sharpened tools.
14. Occupations in transportation of persons or property, warehousing and storage, construction (including demolition and repair) except office or sales work in connection with these occupations.

The federal prohibition on the hours 14 and 15 year old minors may be allowed to work is stricter than Alaskan law. Due to this conflict, an employer of 14 or 15 year old minors may find that they are in compliance with State law, but in violation of federal law. For example:

Federal Law

Children 14 and 15 years old may only work:

1. outside school hours.
2. No more than 40 hours in any one week when school is not in session.
3. Not more than 18 hours in any week when school is in session.
4. Not more than 8 hours in any one day when school is not in session.
5. Not more than 3 hours in any one day when school is in session.
6. Between 7 a.m. and 7 p.m. in any one day except during the summer (June 1 through Labor Day), when the evening hours will be 9 p.m.

State Law

Children 14 and 15 years old may work:

1. A total of 9 hours of school and work combined in one day.
2. Only between the hours of 5 a.m. to 9 p.m.
3. No more than 23 hours per week outside of school hours (domestic work and babysitting excepted).
4. No more than 6 days per week.

There are certain exceptions to the federal law; for example, children in work-study programs through their schools are exempt from some or all of the hour restrictions. For further information on the federal law, contact the United States Department of Labor, Wage and Hour Division, Telephone: 1-866-487-9243.

TITLE 4 ALCOHOLIC BEVERAGES -- ALASKA STATUTES

Sec. 04.16.049. Access of persons under the age of 21 to licensed premises:

(a) A person under the age of 21 years may not knowingly enter or remain in premises licensed under this title unless:

- (1) accompanied by a parent, guardian or spouse who has attained the age of 21 years;
- (2) the person is at least 16 years of age, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining; or
- (3) the person is under the age of 16 years, is accompanied by a person over the age of 21 years, the parent or guardian of the underaged person consents, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining.

(c) Notwithstanding any other provision in this section, a person between 16 or 17 years of age may enter and remain within the licensed premises of a hotel, restaurant, or eating place in the course of employment if

- (1) the employment does not involve the serving, mixing, delivering, or dispensing of alcoholic beverages;
- (2) the person has the written consent of a parent or guardian; and
- (3) an exemption from the prohibition of AS 23.10.355 is granted by the Department of Labor and Workforce Development. The board, with the approval of the governing body having jurisdiction and at the licensee's request, shall designate which premises are hotels, restaurants, or eating places for the purposes of this subsection.

(d) Notwithstanding any other provision in this section, a person 18, 19, or 20 years of age may be employed within the licensed premises of a hotel, restaurant, or eating place, may enter and remain within those premises for the purpose of employment, but may not in the course of employment, sell, serve, deliver, or dispense alcoholic beverages..

PULL-TABS

15 AAC 160.480(b) prohibits the sale of pull-tabs by anyone under the age of 21.

Work Site Confidentiality Agreement

Student Name _____

Work Site Employer _____

I understand it may be possible that, in the course of my work based learning experience at the work site named above, I may occasionally see or hear confidential information about individuals and the organization's/employer's products and services.

I attest that I will not violate the rights of any other person by disclosing any such confidential information, at any time, to another person.

Student Signature

Date

EMPLOYERS' NOTICE OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by

Insurer (Or Insurance Company)

Street and Number

City State Zip Code

For the period from _____ through _____

Alaska Adjusting Company

Street and Number

City State Zip Code Telephone

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers' Compensation Act.

Employer

By

Title

Witness

Witness

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers' Compensation Board written notice of a job-related injury, illness, or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the insurer at the above address and the Alaska Workers' Compensation Board at the nearest office listed below:

ANCHORAGE
3301 Eagle Street
Box 107019
Anchorage, AK 99510-7019
(907) 269-4980

FAIRBANKS
675 Seventh Avenue
Station H2
Fairbanks, AK 99701-4593
(907) 451-2889

JUNEAU
1111 West 8th Street
Box 25512
Juneau, AK 99802-5512
(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer's premises.

REPORT OF OCCUPATIONAL INJURY OR ILLNESS

AWC/B Case Number

EMPLOYEE: Answer questions 1-20, immediately mail report. Further instructions on GREEN AND YELLOW page.

1. Last Name First Name Initial	2. Telephone Number	3. Date of Birth / /	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Social Security Number
6. Mailing Address City State Zip Code		7. Residence Address City State Zip Code		
8. City, Town, Village where injury occurred		9. Date & Hour of Last Exposure to Injury or Disease Date / / Hour <input type="checkbox"/> AM <input type="checkbox"/> PM		10. On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Full Name and Address of Attending Physician City State Zip Code		12. Hospitalized as In-Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Name and Address of Hospital City State Zip Code	
14. Type of Injury or Illness and Part of Body Injured <input type="checkbox"/> Left <input type="checkbox"/> Right		15. Describe How the Injury or Illness Happened		
			16. Employee's Signature (If not available, explain)	
			17. Date Signed / /	

EMPLOYER: Answer questions 18-49. Carefully follow instructions on PINK page.

18. Employer's Name		19. Employer's Alaska Address (if different from mailing)		
20. Employer's Mailing Address (street and number) City State Zip Code Telephone		21. Name of Insurer		
22. Full Name and Address of Adjusting Company Mailing Address (street and number)				
23. Date Employer First Knew Injury or Illness was Work Related / /	24. Time Employee Left Work Date / / Hour <input type="checkbox"/> AM <input type="checkbox"/> PM			
25. Time Lost Beyond Date of Injury or Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Date Returned to Work / /	27. Death <input type="checkbox"/> Yes <input type="checkbox"/> No Date / /	City	State Zip Code Telephone
28. Location Where Injury or Illness Took Place		29. Employee's Occupation		30. Date Hired by Employer
31. Earnings Calculated By: <input type="checkbox"/> Hr. <input type="checkbox"/> Day <input type="checkbox"/> Output <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Year		32. Rate of Pay \$ _____ per _____	33. Days Employee Works Per Week <input type="checkbox"/> 3 or Less <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
34. Name Scheduled Days Off		35. Workday Began <input type="checkbox"/> AM <input type="checkbox"/> PM		
36. Was Employee Paid for Day of Injury or Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	37a. Federal EIN Number	37b. UI Account Number	38. Give Details of How Injury or Illness Happened	
39. Was Injury or Illness Caused by Failure of a Machine or Product? <input type="checkbox"/> Yes <input type="checkbox"/> No		40. Were Mechanical Guards or Other Safeguards Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	41. Name Machine, Substance or Object Which Directly Injured Employee	
42. If Mechanical, Specifically What Part?				
43. Names and Addresses of Witnesses		44. If the Injury or Illness Was Caused by Anyone Besides Employee, Give Name and Address		
45. Dependents (name and address in case of death)				
46. If You Doubt Validity of Injury or Illness, State Reason				
47. Signature of Authorized Employer Representative		48. Title		49. Date Signed / /

PRESS HARD 3 COPIES

WARNING TO EMPLOYEES AND EMPLOYERS: Penalties for fraud or misleading statements. A person who knowingly makes a false or misleading statement that adversely affects another person, is guilty of deception as defined in AS 11.46.180, and may be punished as provided in AS 11.46.120-150.

See Instructions on Back of Pink and Yellow Pages

REPORT OF OCCUPATIONAL INJURY OR ILLNESS

AWCB Case Number

EMPLOYEE: Answer questions 1-20, immediately mail report. Further instructions on GREEN AND YELLOW page.

1. Last Name First Name Initial	2. Telephone Number	3. Date of Birth / /	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Social Security Number
6. Mailing Address City State Zip Code		7. Residence Address City State Zip Code		
8. City, Town, Village where injury occurred	9. Date & Hour of Last Exposure to Injury or Disease Date / / Hour <input type="checkbox"/> AM <input type="checkbox"/> PM		10. On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Full Name and Address of Attending Physician City State Zip Code		12. Hospitalized as In-Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Name and Address of Hospital City State Zip Code	
14. Type of Injury or Illness and Part of Body Injured <input type="checkbox"/> Left <input type="checkbox"/> Right		15. Describe How the Injury or Illness Happened		
			16. Employee's Signature (If not available, explain)	
			17. Date Signed / /	

EMPLOYER: Answer questions 18-49. Carefully follow instructions on PINK page.

18. Employer's Name		19. Employer's Alaska Address (if different from mailing)		
20. Employer's Mailing Address (street and number) City State Zip Code Telephone		21. Name of Insurer		
22. Full Name and Address of Adjusting Company Mailing Address (street and number)		23. Date Employer First Knew Injury or Illness was Work Related / /		
24. Time Employee Left Work Date / / Hour <input type="checkbox"/> AM <input type="checkbox"/> PM		25. Time Lost Beyond Date of Injury or Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Date Returned to Work / /	27. Death Date / / <input type="checkbox"/> Yes <input type="checkbox"/> No	City	State	Zip Code Telephone

EMPLOYEE: READ AND FOLLOW THE INSTRUCTIONS BELOW

DECLARE YOUR MARITAL STATUS AND THE NUMBER OF YOUR ACTUAL DEPENDENTS ON THE INJURY DATE. "ACTUAL DEPENDENTS" MEANS THE EXEMPTIONS YOU WOULD BE ABLE TO CLAIM IF YOU WERE FILING YOUR INCOME TAX RETURN.

1. MARITAL STATUS: SINGLE MARRIED, SPOUSE'S FULL NAME _____

2. DEPENDENTS:

a. YOURSELF 65 OR OVER BLIND

b. SPOUSE 65 OR OVER BLIND

c. List first names and birthdates of your dependent children who live with you:

d.	Other Dependents (1) Name	(2) Relationship	(3) Do you provide more than 1/2 of dependent's support?

e. Total Number of Dependents Claimed

Enter number of boxes checked in (a) and (b)

Enter number of children listed

Enter number of other dependents

Add numbers entered in boxes above

Always check the box labeled "Yourself." Check other boxes if they apply.

Employee's Signature	Date
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**IMPORTANT!
 TURN PAGE OVER AND COMPLETE FORM**

TO THE EMPLOYEE

Obtain first aid or medical treatment immediately. Ask your doctor to mail a "Physician's Report" (07-6102) to the insurer and the Workers' Compensation Board.

Notify your employer about your injury or illness. Complete the "EMPLOYEE" section, questions 1-20 of this form. Keep the green copy. Immediately give all the other copies of this form to your employer. Once the employer's section of the form is complete, the employer will give you the yellow copy.

If you, your employer, and your doctor promptly file reports there should be no delay in payment of compensation. You will not be paid for the first three (3) days of the disability unless your disability lasts more than 28 days. The first installment of compensation becomes due on the 14th day after the employer has knowledge of the injury, illness or disease. After the first payment you should get a check every two weeks while you are disabled. If you have not received payment within 21 days from the date you were injured or became ill, contact the insurer or adjuster first. If you have any questions or problems contact the Workers' Compensation Office nearest you.

If you believe your work-related injury or illness will keep you from returning to your job at the time of injury and you may need retraining, YOU MUST REQUEST IN WRITING AN ELIGIBILITY EVALUATION WITHIN 90 DAYS AFTER YOU REPORT YOUR INJURY OR ILLNESS TO YOUR EMPLOYER. If 90 days have passed and you want a reemployment evaluation but have not requested one, you need to request in writing an evaluation and explain why you did not make the request within 90 days of the injury. To learn more about reemployment benefits, please read the Reemployment Section of the "Workers' Compensation and You" brochure which will be mailed to you after your claim is set up with the Workers' Compensation Division. If you have questions about reemployment benefits, call (907) 269-4980 and ask to speak to someone in the reemployment section.

Alaska Workers' Compensation
Division Offices:

Division of Labor Standards and
Safety Offices:

Anchorage: 3301 Eagle Street, #304
P.O. Box 107019
Anchorage, AK 99510-7019
(907) 269-4980

3301 Eagle Street, #301
P.O. Box 107022
Anchorage, AK 99510-7022
(907) 264-4900

Fairbanks: 675 Seventh Avenue, Station H2
Fairbanks, AK 99701-4586
(907) 451-2889

Juneau: 1111 West 8th Street, #307
P.O. Box 25512
Juneau, AK 99802-5512
(907) 465-2790

1111 West 8th Street, #304
P.O. Box 21149
Juneau, AK 99802-1149
(907) 465-4842

ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING.

TO THE EMPLOYER

This form must be completed and mailed immediately and in no case later than **ten (10) days** after you have knowledge that your employee has been injured or claims to have been injured while working for you. Distribute copies of the form as follows:

Blue Copy	Alaska Workers' Compensation Board P.O. Box 25512 Juneau, AK 99802-5512
White Copy (attach employee's earnings information)	Your Adjuster or Insurance Company (not your Agent or Broker)
Pink Copy	Employer's File
Yellow and Green Copies	Employee

"Injury" means accidental injury or death arising out of and in the course of employment and an occupational disease, illness or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury.

"Injury" does not include **mental injury** caused by stress unless it is established that (A) the work stress was extraordinary and unusual in comparison to pressures and tensions experienced by individuals in a comparable work environment, and (B) the work stress was the predominant cause of the mental injury. A mental injury is not considered to arise out of and in the course of employment if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, termination or similar action, taken in good faith by the employer.

Failure to file this report within the required time may subject you and/or your insurer to a penalty equal to 20% of the amount of compensation due plus interest to the injured worker.

If you believe the employee will be unable to work for more than three days because of injury, contact the adjuster or insurer and provide information about employee's earnings.

OSHA REQUIREMENTS

Report industrial deaths and accidents to the Division of Labor Standards and Safety. Alaska Statute 18.60.058 requires employers to report to the Division of Labor Standards and Safety an employment accident which is fatal to one or more employees or which results in the overnight hospitalization of one or more employees. The report, which must be made immediately, but no later than 24 hours after receipt by the employer, of information that the accident has occurred, must relate the circumstances of the accident, the number of fatalities and the extent of the injuries.

ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING

IF YOU BELIEVE THAT YOU WILL NOT BE ABLE TO WORK FOR MORE THAN THREE (3) DAYS BECAUSE OF YOUR INJURY OR ILLNESS, IMMEDIATELY FILL OUT THE FORM BELOW AND SEND IT TO THE ADJUSTING COMPANY, INSURER, OR EMPLOYER LISTED IN #21 OR #22 ON REVERSE SIDE OF THIS FORM.

Check the BOXES which are true for you. Attach wage stubs or records about your earnings as indicated, including deferred income, employer-provided room and board, and employer contributions to a qualified pension or profit-sharing plan.

1. When injured I was a seasonal/temporary worker. ATTACH EARNING RECORDS FOR ALL WORK FOR THE CALENDAR YEAR IMMEDIATELY BEFORE THE INJURY.

IF YOU CHECKED BOX NUMBER ONE ABOVE, SKIP TO NUMBER FIVE (5) BELOW.

2. I was employed less than 13 calendar weeks immediately before the injury. YOU DO NOT NEED TO ATTACH EARNING RECORDS.

3. I was employed 13 calendar weeks or more immediately before the injury.

- a. When injured, my wages were calculated by the: Week Month Year
ATTACH EARNING RECORDS IF YOU WORKED FOR MORE THAN ONE EMPLOYER.

- b. When injured, my wages were calculated by the day, hour, or output. IF YOU WERE EMPLOYED 13 WEEKS OR MORE, ATTACH EARNING RECORDS FOR YOUR MOST FAVORABLE 13 CONSECUTIVE CALENDAR WEEKS WITHIN THE 52 WEEKS IMMEDIATELY BEFORE YOUR INJURY.

4. When injured, my wages or the basis for my pay had not been set. ATTACH INFORMATION ABOUT THE USUAL WAGE FOR SIMILAR SERVICES.

5. When injured, I was employed by two or more employers.

6. When injured, I was a minor, apprentice, or trainee in a formal training program.

7. I was injured working as a volunteer ambulance attendant, volunteer police officer, or volunteer fire fighter.

8. I was injured before September 4, 1995.

ALL INFORMATION IN THE WORKERS' COMPENSATION BOARD FILES, EXCEPT MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING