

# WORKFORCE CONTINUING EDUCATION (WCE) WORK BASED LEARNING (WBL) APPLICATION

## SECTION 1 – TO BE COMPLETED BY THE STUDENT

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone#: \_\_\_\_\_

Are you 18 years of age or older? YES ☐ NO ☐

Program: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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## SECTION 2 – TO BE COMPLETED BY THE WCE WBL STAFF DESIGNEE

Semester: \_\_\_\_\_ Course No. : \_\_\_\_\_

Linked Course No.: \_\_\_\_\_

Class Hours: \_\_\_\_\_

*I verify that the student meets the eligibility requirements and has my recommendation to participate in WBL.*

Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

*Forms 1-4 must be submitted for verification  
within 2 days of the semester census date*

<b>ADMINISTRATIVE VERIFICATION</b>
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<input type="checkbox"/> <b>Correct Class</b>
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<input type="checkbox"/> <b>Registered in Datatel</b>
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## WORKFORCE CONTINUING EDUCATION (WCE) WORK BASED LEARNING (WBL) AGREEMENT

<b>Student Name</b>	<hr/>	<b>Class</b>	<hr/>
<b>Employer</b>	<hr/>	<b>Semester</b>	<hr/>
<b>Employer Address</b>	<hr/>	<b>Hours Required</b>	<hr/>
	<hr/>		<hr/>
<b>Supervisor</b>	<hr/>	<b>Supervisor Phone</b>	<hr/>
<b>Supervisor Email</b>	<hr/>		<hr/>

Sandhills Community College and the cooperating employer/agency agree to observe placement procedures and employment practices which conform to all federal, state, and local laws and regulations (including nondiscrimination toward any participant or employee because of race, color, religion, sex, veteran's status, disability, or national origin). The following statements constitute the Agreement on which participation in the Work Based Learning Program through WCE at Sandhills Community College is based:

## College Responsibilities

1. Provide consultation and coordination among the student, the employer, and the college.
2. Determine if the worksite is appropriate and conducive to the participant's learning.
3. Review and approve the job description or learning objectives.
4. Conduct on-site visits with students and their immediate supervisors.
5. Determine a grade for the work experience and award college credit based on the student's performance.

## Employer Responsibilities

1. Provide at least the minimum hours of employment as indicated above.
2. Compensate student at a level consistent with regular employees in a similar training situation.
3. Identify a qualified employee to serve as the immediate supervisor, who will mentor the student and will complete all required forms, including the student's time sheet and evaluation.
4. Permit on-site visits by a College representative.
5. Notify the College of any issues or concerns regarding the student.
6. Provide Workers' Compensation liability Insurance as applicable according to state law.
7. Give permission to use employer's name in co-op marketing/promotional materials.
8. Adhere to the Fair Labor Standards Act. Assure a safe and healthy work environment.
9. Encourage the student to continue his/her higher education to completion.

## Student Responsibilities

1. Report punctually and regularly for work. Notify the employer promptly if you are unable to work for any reason.
2. Adhere, at all times, to the employer's work rules and regulations.
3. Meet with your supervisor within the first week to review the job description or develop learning objectives that align with your program of study.
4. Inform the college's Financial Aid Office of the student's co-op employment and report wages earned during the work experience, if appropriate. Understand that federal and state law prohibits a student from collecting unemployment benefits after a paid co-op work experience has ended.

## Statement of Cooperation

I have read, fully understand, and agree to abide by the responsibilities stated in this Agreement, and I will strive to make this a successful learning experience.

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Student Signature
Date

\_\_\_\_\_  
Employer Signature Date

WCE WBL Program Coordinator	Date
Signature	

**WORKFORCE CONTINUING EDUCATION (WCE)  
WORK BASED LEARNING (WBL) ACTIVITY REPORT**

Student Name: \_\_\_\_\_ WBL Class: \_\_\_\_\_

Semester: \_\_\_\_\_

Work Start Date: \_\_\_\_\_

	<i>example</i>	MON	TUE	WED	THUR	FRI	SAT	SUN	
Dates	8/18/14								
Time	1-4 pm								
Total hours	3								Row Total

I verify this is a true and accurate account of hours worked.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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If the student's work hours will not begin until after the semester census date, a one-hour orientation may be substituted to confirm student activity.

Orientation Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WORKFORCE CONTINUING EDUCATION (WCE)  
WORK BASED LEARNING (WBL) JOB DESCRIPTION/LEARNING OBJECTIVES**

The job description **OR** learning objectives must align with your program of study and should clearly describe what you intend to accomplish during your WBL work term. They will be reviewed by your supervisor who may suggest changes or additions within the first two weeks of the term and approved by your WBL instructor/coordinator.

If you are currently working for your WBL employer, your objectives must include learning new skills or levels of skills beyond what was demonstrated in a previous WBL experience.

**JOB DESCRIPTION: (may be attached to the Agreement in lieu of this form)**

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**LEARNING OBJECTIVES:**

By the end of the term, I will accomplish the following objectives as rated by my supervisor:

1. 

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2. 

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3. 

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4. 

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Student Signature

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Date

I agree with the validity of these objectives and believe they can be reasonable accomplished in the hours required for the student.

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Supervisor Signature

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Date

**WORKFORCE CONTINUING EDUCATION (WCE)  
WORK BASED LEARNING (WBL) EMPLOYER CONSULTATION**

**Student Name** \_\_\_\_\_ **Semester** \_\_\_\_\_

**Class** \_\_\_\_\_

☐ **On site**      ☐ **Telephone**      ☐ **Other (specify)** \_\_\_\_\_

**Date of Consultation:** \_\_\_\_\_

Student's performance at this time:

	<b>Unsatisfactory</b>	<b>Satisfactory</b>	<b>Exceptional</b>
Knowledge of subject			
Relations with coworkers			
Attitude toward work			
Reaction to supervision			
Quality of work			
Punctuality			
<b>OVERALL PERFORMANCE</b>			

Comments:

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\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Faculty Coordinator Signature

# WORKFORCE CONTINUING EDUCATION (WCE) WORK BASED LEARNING (WBL) EMPLOYER'S EVALUATION

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

WBL Class \_\_\_\_\_

Please circle the best description of the student's performance in each category below. Please evaluate the student objectively, comparing him/her with other students of comparable academic level or similarly classified jobs.

<p style="text-align: center;"><b>RELATIONS WITH OTHERS</b></p> <p>_____ Exceptionally well accepted</p> <p>_____ Works well with others</p> <p>_____ Gets along satisfactorily</p> <p>_____ Some difficulty working with others</p> <p>_____ Works very poorly with others</p>	<p style="text-align: center;"><b>ATTITUDE TOWARD WORK</b></p> <p>_____ Outstanding enthusiasm</p> <p>_____ Very interested and industrious</p> <p>_____ Average in diligence and interest</p> <p>_____ Somewhat indifferent</p> <p>_____ Definitely not interested</p>
<p style="text-align: center;"><b>JUDGMENT</b></p> <p>_____ Exceptionally mature</p> <p>_____ Above average in making decisions</p> <p>_____ Usually makes the right decision</p> <p>_____ Often uses poor judgment</p> <p>_____ Consistently uses poor judgment</p>	<p style="text-align: center;"><b>DEPENDABILITY</b></p> <p>_____ Completely dependable</p> <p>_____ Above average in dependability</p> <p>_____ Usually dependable</p> <p>_____ Sometimes neglectful or careless</p> <p>_____ Unreliable</p>
<p style="text-align: center;"><b>ABILITY TO LEARN</b></p> <p>_____ Learns very quickly</p> <p>_____ Learns readily</p> <p>_____ Average in learning</p> <p>_____ Rather slow to learn</p> <p>_____ Very slow to learn</p>	<p style="text-align: center;"><b>QUALITY OF WORK</b></p> <p>_____ Excellent</p> <p>_____ Very good</p> <p>_____ Average</p> <p>_____ Below average</p> <p>_____ Very poor</p>
<p style="text-align: center;"><b>ATTENDANCE</b></p> <p>_____ Regular</p> <p>_____ Irregular</p> <p style="text-align: center;"><b>PUNCTUALITY</b></p> <p>_____ Regular</p> <p>_____ Irregular</p>	<p style="text-align: center;"><b>OVERALL PERFORMANCE</b></p> <p>_____ Excellent</p> <p>_____ Very good</p> <p>_____ Average</p> <p>_____ Below average</p> <p>_____ Very poor</p>

Comments:

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\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

# WORKFORCE CONTINUING EDUCATION (WCE) WORK BASED LEARNING (WBL) TIME REPORT

Student Name \_\_\_\_\_ Semester \_\_\_\_\_  
Class \_\_\_\_\_ Hours Required \_\_\_\_\_

Please list clock hours and sum at the end of the week; ex. 4:30pm-6:00 PM  
The supervisor's signature **must not** be dated prior to work listed on this timesheet.

Week of:	Hours								Total Hours	Supervisor's
Monday Date	Week #	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	for the Week	Initials
<i>SAMPLE May 23, 2011</i>	<i>1</i>			<i>2:00-5:00</i>		<i>2:00-7:00</i>			<i>8</i>	<i>THD</i>
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
							Total Hours:			

*I verify this is a true and accurate of hours worked.*

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_

*I approve this statement of work hours.*

Supervisor Signature \_\_\_\_\_ DATE \_\_\_\_\_