

COA WBL Liaison Signature



Student/Employee		Date	
Student ID #	_ Program of Study		
Semester/Year	WBL Section		
I am using my current employer.	Yes	No	
Employer			
Is this a family-operated business?	Yes	No	
Supervisor(Supervisor evaluating student's WBL work expe		udent)	
Employer Address			
Faculty Coordinator	Phone		
TERMS AND CONDITIONS In consideration of the mutual benefits of the W	ork-Based Learning Program,	the college, the employer, and th	ne student agree as follows:
goals of his/her instructional program. Student a immediately report to either the WBL Liaison Dir responsibilities. Further, the student grants permagrees to inform the college's Financial Aid Office responsible for obtaining adequate health and a any accident/injury that occurs as part of employ through the WBL Program. Students under the accertificate lies with the employer.	rector or Faculty Coordinator a nission for the employer to dis <u>e of their WBL employment an</u> ccident insurance during the V yment through the WBL Progr	any problems occurring on the joscuss the student's progress with and to report the wages earned duw WBL work experience. College of the arm. Student is not eligible for un	b or changes in job duties and the Faculty Coordinator. <u>Student also</u> <u>ring the WBL work experience</u> . Student is The Albemarle will not be responsible for employment compensation while employed
EMPLOYER: Agrees to provide the student with objectives, provide orientation regarding compa to provide Workmen's Compensation Liability In period, adhere to the Fair Labor Standards Act, a evaluate the student's progress and verify that t supervisor that is not related to the student.	ny rules and regulations, as w surance for the WBL student (and assure a safe and healthfu	ell as inform student of company (unless the student is a non-paid Il working environment. Prior to	expectations. The employer further agrees intern) during the entire work experience the end of the semester, the employer will
COLLEGE: Agrees to assign a Faculty Coordinat employer. Faculty Coordinator will also determine performance and completion of required reports	ne a grade for the completed \		
NOTE: Current Job Description must be att	ached.		
Student Signature		Date	
Employer Signature		Date	
COA Faculty Coordinator Signature		Date	

Date