



Portland Community College

P.O.Box 19000 Portland, OR 97280-0990

# Cooperative Education

## Training Agreement

Due Date \_\_\_\_\_

### Student Information

Student Name \_\_\_\_\_ E-mail \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Program Major \_\_\_\_\_ Completion Date \_\_\_\_\_

Telephone \_\_\_\_\_

Student Status:  Full-time  Part -time

I agree that I will receive Cooperative Education credit upon completion of the work experience requirements in accordance with school policy. I will keep my Co-op coordinator and/or instructor informed of my work activities and consult with them prior to changing my work status. I realize that if placed in this Co-op position by the college, I will not be able to file an unemployment claim against my employer at the end of the placement.

### Student's Signature

Date \_\_\_\_\_

### Employer/Supervisor Information (Please Print)

Company/Agency Name (Print) \_\_\_\_\_ Fax \_\_\_\_\_ Supervisor's Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Student's Job Title \_\_\_\_\_

### Employer Signature

E-mail \_\_\_\_\_

Date \_\_\_\_\_

We are an equal opportunity employer and committed to a policy of non-discrimination for all people regardless of race, color, religion, sex, age, disability or national origin. I agree to work with the above student and the college representative while the student is completing the Cooperative Education objectives specified.

Job Status:  Paid  Non-paid Hourly Wage \$ \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_

Total Numbers of Hours to be Worked in Term \_\_\_\_\_

Please be advised that all PCC students enrolled in Cooperative Education are covered by Worker's Compensation insurance for their work experience, unless they are still covered by their prior employer, based on a job injury or will be covered as a paid employee or will be covered through a company-sponsored program (such as an Employer Volunteer Program). Non-paid students are covered by Portland Community College self-insurance administered by Johnston and Culberson Co. pursuant to Oregon Revised Statutes.

Worker Compensation Paid by:  Employer  Employer Volunteer Program  PCC  Other

The student and employer listed above agree to work together in accordance with Co-op Education guidelines to satisfactorily complete the credit. The Co-op Ed Specialist is the liaison between the student, the college, and the employer in this training program.

Term/Year	Course No.	CRN No.	Credit

Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_

Cooperative Education Specialist \_\_\_\_\_

Date \_\_\_\_\_