Cooperative Education

Training Agreement

Student Information (Please Print)

<table>
<thead>
<tr>
<th>Student Name</th>
<th>E-mail</th>
<th>Student ID#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Program Major</th>
<th>Completion Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
</tr>
</thead>
</table>

Student Signature date

Student Status: ☐ Full-time ☐ Part-time ☐ International

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. Provisions outlined in the Federal Unemployment Tax Act and Oregon Revised Statutes apply.

Employer/Supervisor Information (Please Print)

<table>
<thead>
<tr>
<th>Company/Agency Name (Print)</th>
<th>Telephone</th>
<th>Supervisor's Name (Print)</th>
<th>Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Fax</th>
</tr>
</thead>
</table>

Employer Signature date E-mail

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 ☐ International Site Total number of hours to be worked in term for credit

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).

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.

<table>
<thead>
<tr>
<th>Term/Year</th>
<th>Course No.</th>
<th>CRN No.</th>
<th>Credit</th>
</tr>
</thead>
</table>

Instructor Signature date

Cooperative Education Specialist date

Distribution: White - Co-op Ed. Specialist Yellow - Student Pink - Employer

Print Center: PM94229 09/2007
Cooperative Education
Landscape Design Training Agreement

Student Information (Please Print)

Student Name
E-mail
Student I.D. Number
Address
City
State
Zip
Program Major
Completion Date
Telephone
Student Status: ☐ Full-time ☐ Part-time ☐ International

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. Provisions outlined in the Federal Unemployment Tax Act and Oregon Revised Statutes apply.

Student Signature Date

Client Information (Please Print)

Name (Print)
Phone email
Address
City State Zip
Fax

Client Signature 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 _____
☐ International Site Total number of hours to be worked in term for credit _____

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 Sedgwick CMS 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

Distribution: White - Co-op Ed. Specialist Yellow - Student Pink- Client

Due Date ____________________

Portland Community College
P.O. Box 19000
Portland, Oregon 97280-0990

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