

## TRAINING PLAN FOR PAID EMPLOYMENT CREDIT FOR WORK EXPERIENCE 12A (WEX12A)

Student Name:	Student Telephone No.:	Work Site Employer Address:
Teacher/Monitor Name: <b>Mr. Jon Hamlin</b>	Works Site Telephone No.:	
Work Site Employer (Business Name):	Works Site Fax No:	
Work Site Supervisor/Evaluator Name:	Work Site Employer Email:	
Student Focus Area:		Employer on-Site Safety Orientation Provided: <b>Y / N</b>
Focus Area-related Courses Taken/Planned:		Days/Hours to be worked:

**Job Description:**

**Duties/Tasks:**

Duty/Task/Workplace Skill	Observed	Performed with help	Performed alone

**Employability Skills 2000+ to be practiced:**

Employability Skill	Performed with help	Performed alone

By their signatures, the parties signify their agreement with the terms of the Training Plan, above.

School:	Student/Parent or Guardian:	Employer:
Contact Name: <b>Mr . Jon Hamlin</b>		Contact Name:
_____	_____	_____
(signature)	(student signature)	(signature)
	_____	
	(parent/guardian signature)	
Date:	Date:	Date: