

Pickens Academy
Cooperative Training Employer's Endorsement/Permission

Student _____

Place of Employment _____

Supervisor _____

Work Site Address _____

Work Site Telephone # _____

The student named above is employed to work the following hours during the school day week:

Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____

A student must work*...

- a minimum of 4 days per week and
- 180 clock hours of on-the-job documented** activity per semester

*unless special circumstances have been approved by headmaster/counselor

****The student is required to turn in a timesheet, (on the 1st school day of the month) for the previous month, signed by the Employer/Supervisor.**

 Signature of Employer

 Date

(To be completed by the Parent)

Permission is granted to check out to go to work at the following times on the following days.

_____ : _____ Circle Days Mon Tues Wed Thurs Fri Monday - Friday

Permission is granted by the following

_____ Parent* (Permission for Self Checkout is also granted.)*

_____ Headmaster

_____ Counselor

If for any reason the student quits or loses his or her job it must be reported to the counselor. If a new job is not in place within two weeks, the student will have to return to school for classes.