

PRE-JOB PLACEMENT AGREEMENT

This agreement must be fully completed and approved by all signatories before the position may begin. Be certain to comply with all departmental requirements. Employer Evaluation form must also be completed to receive credit for hours worked.

Note: Students may not be employed by nor directly report to any family members. Students must also provide a copy of their paystubs as proof of employment upon turning in hours.

STUDENT

Name:	
WSU ID#:	Expected Graduation Date:
Major:	Minor:
Phone:	Email:

COMPANY

Name of Company:	
Company location (full address: street, city and state):	
Start Date:	End Date:
Title of Position:	Job Location/Department:
Hours per week:	Wage rate:
Other reimbursement (meals, lodging, etc):	
Supervisor's Name:	Supervisor's Title:
Address:	Email:
	Phone:
	Fax:

WORK REQUIREMENTS/AGREEMENTS/EXPECATIONS

(to be filled out by manager/supervisor and student – attach another page if necessary)

Provide a brief description of work tasks and responsibilities as well as agreements and expectations.

SIGNATURES

As parties to the Agreement, we have accepted the responsibilities as stated on this form and they meet the SHBM requirements for the 1000-hour work requirement for graduation (**all signatures required***):

Student Intern: _____ Date: _____

Employer Supervisor: _____ Date: _____

Faculty Coordinator: _____ Date: _____

**The student and employer signatures are required before the form may be turned in. The faculty coordinator will sign it as he or she approves the job for use in the 1,000 hour calculation and the student will be notified.*