



Figure 1 Gateway Unified School District Logo. Oval with Mountain and Banner



Figure 2 Shasta Union High School District Logo. Office Building with name below.

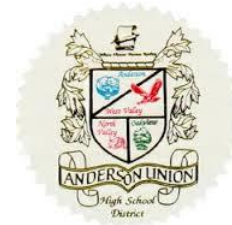


Figure 3 Anderson Union High School District Logo. Crest of arms with Banner below.

Transition/Workability Consortium
LEA: Shasta Union High School District
2220 Eureka Way, Redding, CA96001
Geralyn Elliott, Workability Coordinator
530-440-5932

Workability Pre-Employment Packet

Criteria

- Special Education Student with IEP
- Must be 16 years of age
- 2.0 GPA or Higher
- Must have Good Attendance/Behavior

Required Documents

- Completed I-9 form [I9 Form](#)
- Completed W4 form [W4 Form](#)
- Completed EDD form [EDD Form](#)
- Work Permit (school issued – under age 18)
- See lists of acceptable documents on I9 Form to establish identity and employment authorization

Student Placement Contract

When placed in a paid training experience through WorkAbility I, I understand that:

1. This is a temporary training position and there is no obligation by the training site to hire me.
2. Wages are paid by the Shasta Union High School District and **NOT** by the training site.
3. The training site can terminate the training experience at any time and for any reason.
4. I may work only the hours set and agreed upon by the site supervisor. I can work **NO** more than **4 hours** on a school day and **8 hours** on a non- school day.
5. I may work at my training site **ONLY** on the days that I attend school (unless my work schedule is on the weekend). If I am absent from school, I may not go to my job training site that day.
6. If I am going to be absent, I **MUST** call my supervisor at the job training site prior to my scheduled work time.
7. I **MUST** keep my school attendance at 90%, if unable to do so; it may result in termination.
8. My time sheet is to be **SIGNED** and **AVAILABLE** for pick up on the **25th** of each month. **Failure to do this may result in a delay in getting my paycheck.**
9. I will receive my paycheck in the mail on or after the **10th** of the month. I **MUST** notify the WorkAbility I program if I have a change of address or phone number.
10. I must follow the worksite rules and regulations; follow directions given by my supervisor; be courteous and conscientious and dress appropriately.

Student Initials:

Parent/Guardian Initials:

- 11. Failure to comply with the rules, theft, insubordination or falsifying time sheet may result in TERMINATION**
- 12.** I give the WorkAbility I program permission to share my records and information with other agencies that can help locate employment and prepare to transition from high school.
- 13.** I understand the program and agree not to hold the worksite, Shasta Union High School District, or any participating school district liable for injuries sustained by myself due to causes beyond their control. I understand that I am covered by Workers Compensation.
- 14.** Contract to work is for up to 50 hours per school year.

Please Circle School of Attendance:			
Enterprise	Foothill	Shasta	U-Prep
Pioneer	Pioneer- Mary St.	Shasta Collegiate Academy	Adult Transition/SUHSD
West Valley	Anderson	Anderson New Tech	North Valley
Community Day	Adult Transition/AUHSD	Central Valley	Gateway Education Op.
Mountain Lakes	Stellar Charter	DOR PE Application Requested	DOR VR Application Requested

Please return completed application, tax forms and appropriate identification to GERALYN ELLIOTT.

Student Initials:
Parent/Guardian Initials:

Emergency and Medical Information

Student Information

Name _____

Address _____

Phone # _____

Date of Birth _____

Contact Information

1. Emergency Contact Name **(Primary)** _____
Relationship _____
Phone Number: _____
2. Emergency Contact Name **(Secondary)** _____
Relationship _____
Phone Number: _____
3. Emergency Contact Name **(Alternate)** _____
Relationship _____
Phone Number: _____

Medical Information

Hospital/ Clinic Preference _____

Physician's Name _____

Physician's Phone Number: _____

Insurance: _____

Policy # _____

Allergies/ Special Health Considerations: List Health Issues

I authorize all medical treatment and/or procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.* **Please contact us if you need to make any changes to your Emergency Contact Information in the future.**

Student Initials:

Parent/Guardian Initials:

CONSENT FOR PHOTOS

Grant my expressed permission for Shasta Union High School District WorkAbility I to exhibit photographs or likenesses of the above- named student. By signing this release, I acknowledge that I hereby release and forever discharge Shasta Union High School District WorkAbility I program and the trustees, officers, agents, and employees of the school from and against any and all claims, damages or suits which may arise from, the use of the Shasta Union High School District WorkAbility I publications, press/media releases, or website, including, but not limited to, the exhibition of the above-named student’s photograph or likeness or publication of the student’s name.

CONSENT FOR TRANSPORTATION

Some students will transport themselves to and from WorkAbility job training sites. Your signature on this form will indicate that you consent to the self-transportation of your son/ daughter to WorkAbility I job sites. I hereby consent for my child, Notwithstanding any other provision of this code, no school district, city or county board of education, county superintendent of schools, or any officer or employee of such district or board shall be responsible or in any way liable for the conduct or safety of any pupil of the Shasta Union High School District WorkAbility I at any time when such pupil is not on school property, unless such district, board, or person has undertaken to provide transportation for such pupil to and from the school premises, has undertaken a school-sponsored activity off the premises of such school, has otherwise specifically assumed such responsibility or liability or has failed to exercise reasonable care under the circumstances. In the event of such a specific undertaking, the district, board, or person shall be liable or responsible for the conduct or safety of any pupil only while such pupil is or should be under the immediate and direct supervision of an employee of such district or board (per ED Code 44808).

My parent/ guardian and I have read these terms and agree to comply with them.

X

X

Student's Signature
Student's Name

Date Signed

X

X

Parent/Guardian Signature
Parent/Guardian Name

Date Signed

Student Initials:

Parent/Guardian Initials: