

MISSISSIPPI CAREER PATHWAY EXPERIENCE TRAINING AGREEMENT

Student Name _____

Work-Site _____

Supervisor's Name _____

Business Address _____

Contact Phone Number _____

Contact E-Mail _____

All parties jointly agree to the following:

1. Work-site training will be provided by the employer/ internship supervisor.
2. The CPE coordinator will coordinate work-site experiences, make regular visits to the work-site, and work with the employer to provide appropriate guidance.
3. The parent or guardian shall be responsible for the conduct of the student participating in CPE.
4. Occupational safety instruction will be provided by the employer.
5. Approval from the CPE coordinator must be received prior to changing training stations. The present employer must be notified, and the student must submit a written resignation notice to the present employer.
6. This agreement may be terminated for appropriate cause only after consultation with the CPE coordinator.
7. The student is responsible for transportation.

_____ Vocational Director	_____ Date
_____ CPE Coordinator	_____ Date
_____ Parent/Legal Guardian	_____ Date

_____ Employer	_____ Date
_____ Student	_____ Date