



San Joaquin Delta College

Applied Science, Business & Technology, 5151 Pacific Ave, Holt 140, Stockton, CA 95207

Occupational Work Experience Application

This application packet is due no later than 5:00pm, FRIDAY, Jan 25, 2019.

SPRING 2019

STUDENT AGREEMENT FORM

An Occupational Work Experience (OWE) instructor from San Joaquin Delta College (SJDC) will be reviewing your progress with the required program assignments. The SJDC instructor will also be visiting or contacting your supervisor and you at your work site for the purpose of evaluating your job performance. Credit for the OWE course will be determined on the basis of completion of required on-the-job hours and program assignments, which will be reviewed by your instructor and employer. This is a pass / no pass course. No letter grades will be given.

At time of submission to SJDC, a complete Occupational Work Experience Application Packet MUST include:

- Student Agreement Form
- Student Application Form
- Employer Verification Form
- SJDC Instructor Add Memorandum Form (provided to student in person only at SJDC - HOLT 140)

Note: Application approval & student participation is pending the availability of an OWE Instructor and OWE course availability.

By reading and signing this Student Agreement form, you indicate acceptance of the State of California and the San Joaquin Delta College requirements for participating in the Occupational Work Experience program as listed below.

1. I will be employed in a job relating to OWE, either as a paid or unpaid employee, **prior** to the submission of the OWE Application Packet.
2. I will have taken a course at SJDC related to my OWE in the previous semester (**Fall 2018**). Or, I will be officially enrolled before **Jan 25, 2019**, including late starting classes, for the **Spring 2019** semester in a course related to my OWE. **Note:** Being placed on the wait list does not meet the requirement.
3. I am allowed to earn a maximum of one (1) to four (4) OWE units during the participating semester not to exceed a maximum of 16 units for the program.
4. As a **paid employee**, I will complete **75 hours** on the job for each OWE unit I request.
5. As a **non-paid / volunteer employee**, I will complete **60 hours** on the job for each OWE unit I request.
6. I am responsible to work the appropriate number of hours corresponding to the total units I request. If I am not able to complete the required hours, I will not receive credit for completion of the OWE Program.
7. I am responsible to drop the OWE Program and the SJDC courses if for any reason I become ineligible to participate in the program.
8. I am responsible to keep the Applied Science, Business & Technology (ASBT) division office (Holt 140) at SJDC advised of **ANY** changes in my employment, address, phone numbers or any other changes which affect my enrollment status in the OWE program.
9. I understand that any unpaid fees or any registration issues that delay my enrollment until after **5:00pm** on **Friday, Jan 25, 2019** will automatically disqualify me from being accepted into the OWE program.



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STUDENT AGREEMENT FORM continued

10. I am responsible to ensure that all OWE Application and Assignment forms, as listed below, will be completed and submitted to the ASBT division office in Holt 140 by the submission deadlines indicated below and on each form.

OWE Application & Assignments

Due Dates

- | | | |
|--|-----|--------------|
| • OWE Application Packet (Agreement, Application, Employer Verification) | Fri | Jan 25, 2019 |
| • Student Learning Objectives (Objectives located in the OWE Student Handbook) | Fri | Feb 8, 2019 |
| • Learning Objective - Report #1 | Fri | Mar 1, 2019 |
| • Learning Objective - Report #2 | Fri | Apr 5, 2019 |
| • Learning Objective - Report #3 | Fri | May 3, 2019 |
| • Employer Evaluation (Located in the OWE Student Handbook) | Fri | May 10, 2019 |

11. I understand that I will receive a NP (no pass) from the Occupational Work Experience program if I fail to do the following:

- Submit all required forms
- Complete the SJDC course identified on the application form
- Notify the ASBT office of termination of employment without re-employment in another OWE related job within two weeks of termination
- Meet the **minimum** number of on-the-job hours required for the number of units requested for the semester
- Submit the Employer Evaluation form to the ASBT office by the due date at semester end

I have read, understand, and agree to all of the above requirements:

Student Signature

Date

Note: The Occupational Work Experience Program, Student Handbook, and Application Packet are available online at <http://www.deltacollege.edu/org/intern/index.html>.



STUDENT APPLICATION

STUDENT INFORMATION

Delta ID# 98- Student email @students.deltacollege.edu
First Last Phone
Address
City State Zip Code

EMPLOYMENT INFORMATION

Identify type of employment status: Paid Employment or Non-Paid Employment
Company Name Student Job Title
Address Phone Number
City State Zip Code
Immediate Supervisor
Supervisor's Title Supervisor's Email
Supervisor's Work Schedule: Days Hours

COURSE INFORMATION

Occ Work Exp FIELD OF INTEREST

Related Course No. (Do not list multiple courses)
Examples: FCS 073, BUS 020, CDEV 022 (This is NOT the OWE Course!) Must correlate to SJDC Course Code on Left

Office Use Only

Assigned OWE Course Code: Section Code:

STUDENT WORK SCHEDULE

Your work schedule: Days Times

Total ANTICIPATED WORK HOURS between 1/14/19 thru 5/22/19

Number of OWE UNITS requested

Number of OWE HOURS required per week

Describe your SPECIFIC OWE JOB DUTIES:

To calculate the required work hours per week for units requested, divide anticipated total work hours for the semester by 16 semester weeks for Fall or Spring session, or 8 weeks for Summer Intersession.
Ex: 1 unit for paid employment = 75 work hrs [75 ÷ 16 = 4.7 hrs/wk] or [75 ÷ 8 = 9.4 hrs/wk]



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Please Print Clearly

EMPLOYER VERIFICATION (To be completed by Supervisor)

Student's Name _____

Student Employee Job Title _____

Company Name _____

Supervisor Name _____

Address _____

Supervisor _____

City _____ State _____

Zip Code _____

1. A San Joaquin Delta College student is employed under my supervision. This employment station will provide learning experiences, which include new or expanded job training.
2. The student will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, gender or disability.
3. The student / employee will be informed of the rules, regulations and duties of the job assignment.
4. The supervisor will provide adequate supervision for the student / employee on the job.
5. The employer will provide Workers' Compensation insurance coverage for the student / employee and provide evidence to the college upon request.
6. If the employer does not pay the student, the company may not provide Workers' Compensation coverage for the student.
7. The supervisor will maintain records of student / employee attendance and achievement.
8. The supervisor will provide verification of work hours at the end of the semester.
9. The supervisor will confer with the San Joaquin Delta College Occupational Work Experience instructor regarding student progress and meeting the Occupational Work Experience objectives.
10. The supervisor will complete the Employer Evaluation form provided by the student at the end of the semester.
11. The supervisor will inform the Occupational Work Experience Office if the student is being considered for termination.
12. The student / employee will adhere to San Joaquin Delta College Confidentiality Policy.

The Employer agrees that San Joaquin Delta College shall at all times, including the Occupational Work Experience student's travel to and from their study / Occupational Work Experience, be held harmless under the State of California Workers' Compensations Laws. Furthermore, the Employer agrees that if an accident or injury occurs during the course of this Occupational Work Experience it shall be the sole and exclusive responsibility of the Employer as to remedies and treatments associated with Workers' Compensation. Moreover, that the San Joaquin Delta College campus setting shall, for the purpose of the Occupational Work Experience, be viewed as part of the Employer's workplace as it relates to Occupational Work Experience participants.

Listed below is a brief description of planned duties for this student employee:

Employer/Supervisor's Signature

Date

THIS COMPLETED AND SIGNED FORM MUST BE RETURNED TO THE ASBT DIVISION OFFICE LISTED BELOW:

San Joaquin Delta College
 Applied Science, Business & Technology Office, Holt 140
 Occupational Work Experience Office
 5151 Pacific Avenue
 Stockton, CA 95207-6370
 Telephone: (209) 954-5230

In compliance with Federal Disclosure Law this evaluation must be shared with the student if requested.