



State of New Hampshire

Department of Labor

Phone: 603.271.0127
Email: Inspectiondiv@dol.nh.gov

COOPERATIVE EDUCATION PROGRAM Memorandum of Understanding

School: _____ Employer: _____

School Email: _____ Employer Email: _____

This vocational education cooperative work experience (training) program has been approved subject to the terms of this agreement, including the following conditions:

1. The program is under the direct supervision of a full-time coordinator with adequate release time.
2. The signature will indicate approval of all parties involved.
3. The student-learner will be receiving instruction in an approved school and will be employed pursuant to a bona fide Vocational Cooperative Education Program in order to further his/her vocational education.
4. The student-learner will neither displace a regular worker now employed, nor substitute for a worker who would ordinarily be needed by the employer.
5. A schedule of organized and progressive work processes to be performed on the job has been prepared.
6. Safety instruction will be given by the school. While on the job, the student will receive safety instruction from and under the direct supervision of a qualified representative of the employing organization. Specific machines upon which he/she will work and other hazardous operations on which he/she will work are itemized.
7. The student-learner agrees to perform his/her duties in a loyal and faithful manner and to work for the best interest of all concerned.
8. This program may be terminated at any time by the high school vocational director, the coordinator, or the principal to assure the best interest of all concerned.
9. This program shall comply with all federal, state, and local laws and regulations.
10. If applicable, the waiver of hazardous occupation restrictions (New Hampshire Youth Employment Law Chapter 276-A:4,1) is granted when this agreement is approved by the Department of Labor.
NOTE: This exemption for employment of a student-learner may be revoked in any individual situation wherein it is found that reasonable precautions have not been observed for the safety of minors employed there under.
11. The employer agrees to furnish an evaluation of the student-learner's progress, adaptability, and attitude approximately once a month. (Forms will be furnished by the coordinator).
12. "The employer and school assures that students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex, or handicap."

For Office Use Only:

NHDOL Authorization	YES	NO	Reason for rejection _____
_____ Dated Signed	_____ Department of Labor Authorized Signature		

This program, as set forth in the Memorandum of Understanding, has been reviewed by the New Hampshire Department of Labor for compliance with New Hampshire labor laws. The hazardous occupations restrictions, if any, are hereby waived during the hours of training as stated herein.

INFORMATION SECTIONS: All signatures indicating approval must be affixed.

SCHOOL CONDUCTING PROGRAM

Name: _____

Address: _____

Email address of contact person: _____

Type of Program: _____ # of minutes of Related Instruction Weekly: _____

Print Teacher's/Co-op coordinator's Name

Teacher's/Co-op coordinator's signature

STUDENT-LEARNER SECTION

Print Name

Signature

Address: _____

Telephone #: _____ Grade Level: _____ Date of Birth: _____

Occupational Objective: _____ SS #: _____

Hours in School Daily: _____ Hours Employment Daily: _____

Print Parent/Guardian's Name

Parent/Guardian Signature

EMPLOYER SECTION

Name of Establishment: _____ Fed. ID# _____

Address: _____

Email Address: _____

Kind of Business: _____ # of Employees _____ Telephone: _____

Beginning Date of Employment: _____ Anticipated Date of Ending Employment: _____

Starting Hourly Rate of Pay: _____ Potential Hourly Rate of Pay: _____

As the employer, I am: Subject to the provisions of the Fair Labors Standards Act	Yes	No
Subject to the provisions of the State of NH Minimum Wage law	Yes	No
Covered under the provisions of the Workers' Compensation Act	Yes	No
Subject to the Unemployment Compensation Act	Yes	No

Print Employer Name

Employer Signature

TOPICAL OUTLINE of on-the-job operations the student will experience: _____ MACHINE TO BE OPERATED, or hazardous occupation: _____

If hazardous, attach sheet of explanation of work and equipment used. Hazardous work is incidental to training, intermittent and for short periods of time.