

## WORK-BASED LEARNING PROGRAM CHANGE OF JOB REQUEST

You are expected to stay with the same employer the entire school year. Failure to stay with that employer may lead to loss of credit and/or removal from this program. If a change becomes necessary, you must complete this request and submit to your teacher coordinator. You may not proceed in changing jobs until your request has been processed and approved.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

1. Identify specific reasons for requesting a change in employment.

\_\_\_\_\_

2. Describe the effort you made to foster a good working environment.

\_\_\_\_\_

3. Have you discussed the situation with your supervisor and coordinator?

\_\_\_\_\_

4. What steps do you plan to take at your next job to ensure success?

\_\_\_\_\_

Requested last date of employment: \_\_\_\_\_ (You must give two weeks notice).

(To be completed by teacher coordinator)

Change of Jobs Request:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_