

## **Phoenix Union High School District Work-Training Participation Agreement**

### **Collaboration and Purpose**

Phoenix Union High School District (PUHSD) desires to provide its students with disabilities with work-training experience by placing them in a supervised work setting at businesses located in the City of Phoenix and its vicinity. The undersigned business (Participant) desires to provide a student an opportunity to receive a work-training experience at its store or business subject to the terms and conditions set forth in this Agreement.

### **Agreement**

PUHSD and Participant agree that terms and conditions:

#### **A. PUHSD's Responsibilities**

1. PUHSD will select and assign students with disabilities who have been recommended by their teacher, IEP team, or otherwise determined by PUHSD to be suitable for work training in Participant's store or business (the Program).
2. PUHSD will provide course credit hours to students participating in the Program for their work.
3. PUHSD acknowledges that a student who participates in the Program will not have an employment relationship with Participant and, therefore, will not be entitled to receive compensation or other benefits, including disability or worker's compensation, from Participant.
4. To the extent permitted by law, PUHSD agrees to indemnify, hold harmless, and defend Participant from and against any losses arising from a claim made by a student in the Program against Participant that is based upon any injury or other damage suffered or incurred by the student while working at Participant's store or business, unless the injury or damage arises in whole or in part out of any act or omission by Participant or its employees, agents, representatives, invitees, or subcontractors.
5. If advised by Participant's representative that the student's conduct is unsatisfactory, PUHSD will immediately remove the student from his or her current placement in Participant's store or business and discontinue his or her work training at Participant's store or business.
6. PUHSD's representative for the administration of the Agreement is:

Wendy Collison  
4502 N. Central Avenue  
Phoenix, AZ 85012

Tele. (602) 764-1025  
Email: collison@phoenixunion.org

**B. Participant's Responsibilities**

1. Participant's representative for the administration of the Agreement is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tele. \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

2. Participant will assign an employee to serve as a direct supervisor for a student who participates in the Program at Participant's store or business. The supervisor will regularly communicate with the student's teacher, case manager, or the PUHSD representative regarding the student's performance and conduct.

4. Participant will maintain the confidentiality of any records or other information received from PUHSD regarding the student's disability. Special issues or concerns about the student received from PUHSD will be shared only with the student's supervisor and any other employee who needs to know such information in order to adequately supervise and work with the student.

**C. Term and Termination**

1. This Agreement will commence August 6, 2018, and end May 30, 2019. This Agreement may be renewed annually upon the mutual agreement of Participant and PUHSD.

2. Either party may terminate this Agreement upon delivery of notice to the representative of the other party.

**Participant**

**Phoenix Union High School District**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Wendy Collison  
Exceptional Student Services Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address (Cont'd)

\_\_\_\_\_  
Date