

**SUPERVISOR'S STATEMENT OF UNDERSTANDING
SCC COOPERATIVE WORK EXPERIENCE PROGRAM**

Due no later than the 3rd week of the semester (10 points)

I understand that my employee, _____ is interested in participating in the Cooperative Work Experience Program at Solano Community College. I have received and read the letter addressed to supervisor and other information regarding this Program and understand that I will be participating in the following way:

1. Help my student employee identify work objectives that will be challenging and achievable within the remaining weeks of the academic term.
2. Meet with an instructor (in person visit, email, and/or phone) from Solano Community College to discuss these objectives and discuss how student employee is progressing.
3. Sign my student employee's time card to verify the total amount of time he/she has worked during the designated period.
4. Monitor my student employee's performance in achieving the objectives.
5. Complete evaluation of my employee at the end of the academic term and submit it to the SCC instructor by the date requested. (Student is responsible for turning in all paperwork)

I can be reached by telephone from: _____ (am/pm) until _____ (am/pm)

on the following days: _____.

Supervisor's Signature **Date**

Mr./Ms. _____
Please print name **Work Telephone #**

Business Mailing Address

Business Physical Address

Supervisor's email Address

The student/employee is responsible for returning this completed form to his/her instructor.

White to Instructor Yellow to Instructor Pink to Student