

# SUPERVISOR'S STATEMENT OF UNDERSTANDING

Late = 10% deduction per day Required to pass course

\_\_\_\_\_ (student) is interested in participating in the Work Experience Program at Solano Community College and will be participating at this worksite in the following capacity (check one):  paid employee/intern  unpaid intern  volunteer

*I have received and read the letter addressed to the worksite supervisor and other information regarding this program and understand that I will be participating in the following way:*

1. Help my student employee/unpaid intern/volunteer 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 my student employee/intern/volunteer is progressing.
3. Sign my student employee/intern/volunteer's time card to verify the time he/she has worked during the designated period.
4. Monitor my student employee/intern/volunteer's performance in achieving the objectives.
5. Complete evaluation of my student employee/intern/volunteer at the end of the academic term.
6. I am aware that my student employee/intern/volunteer has deadlines for all required paperwork and may fail or be dropped if paperwork is late. I will help students learn the importance of meeting deadlines by signing paperwork when requested.

Note: Unpaid student interns/volunteers officially enrolled in the Solano Community College District Work Experience courses as part of their college curriculum are covered members under the Solano Community College District Workers' Compensation program so long as they are in unpaid status.

*I can be reached by telephone from:* \_\_\_\_\_ (am/pm) *until* \_\_\_\_\_ (am/pm)

*on the following days:* \_\_\_\_\_.

*Preferred phone number:* \_\_\_\_\_

*I can be reached by email at:* \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Please Print Name

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

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