# Student Learner & Student Training Agreements

A Student Learner Agreement is an agreement between the employer and school or education entity, agreeing to provide a student with vocational work and/or training opportunities in exchange for school credit and/or compensation from the employer.

A Student Training Agreement is an agreement between the employer and student, wherein the student agrees to complete work or vocational training at the employer's business for course credit and/or compensation from the employer.

The completion of this form by the employer serves as the agreement and it must be submitted to the Division. Please complete thoroughly and provide any updates or additional information as needed.

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<tr>
<th>Please initial which agreement you are opting into.</th>
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## Student Learner Agreement:
Pursuant to Wyoming Statute 27-14-110
(a) A Wyoming school district, community college or technical school and an employer may enter into a student learner agreement for the purposes of providing student learners vocational work and training opportunities and for student learners to earn course credit from the school district, community college or technical school, compensation from the employer, or both. A copy of any student learner agreement entered into under this section shall be submitted by the employer to the Division.

## Student Training Agreement:
Pursuant to Wyoming Statute 27-14-110
(b) A student learner may enter into a student training agreement with an employer to complete work or vocational training at the employer's business for course credit from the school district, community college or technical school, compensation from the employer, or both. A copy of any student training agreement entered into under this section shall be submitted by the employer to the Division.

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<th>Please initial</th>
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<tr>
<td>I understand that, as the Employer, I must notify the Division if the agreement is terminated or extended with a school district, community college or technical school, and if terminated, the date of termination.</td>
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<td>I understand that by completing this Agreement that I, as the Employer, shall pay the premium charged for each student learner as required under W.S. 27-14-110(f).</td>
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Student Learner & Student Training Agreements

This is an agreement between

Student Name

Phone

/ / /

Date of Birth (month/day/year)

and

Employer Name

Contact Name

Address

Phone

Employer Email Address

9-Digit Workers’ Compensation Number

and

School Name

Contact Name

Address

Phone

The above parties agree to enter into a Student Learner/Student Training Agreement. The Student will gain experience in the industry/area of: ____________________________

With work hours of ____________________________

The Student will be (check one):  □ Paid  □ Unpaid (school credit)  □ Paid & School Credit

The Student’s job title will be ____________________________

with general job duties being ____________________________

Student Emergency Contact Name & Relationship ____________________________

Phone Number ____________________________

By signing this agreement, the Employer agrees to offer job duties and work hours that do not violate Child Labor Laws as outlined by the U.S. Department of Labor.

By signing this agreement, the Student agrees to maintain academic and attendance requirements as outlined by their school, while also completing the agreed upon job duties and work hours.
Student Learner & Student Training Agreements

I hereby certify that the information provided in this agreement is true and accurate to the best of my knowledge. I have read and understand the Student Learner / Student Training agreement process.

This agreement is only valid when signed by all applicable parties.

Student

_________________________________________  ____________________________  ____________
Printed Name                               Signature                             Date

Custodial Parent or Guardian (if under 18)

_________________________________________  ____________________________  ____________
Printed Name                               Signature                             Date

Authorized School/Educational Institution

_________________________________________  ____________________________  ____________
Printed Name                               Signature                             Date

Employer

_________________________________________  ____________________________  ____________
Printed Name                               Signature                             Date

Employer, upon agreement completion, do you wish to speak to your Account Manager to discuss how to properly file wage information for your Student Learner or Student Trainee?

☐ Yes

☐ No

Please email, mail or fax this agreement to:
Department of Workforce Services
Workers’ Compensation – Risk Management
PO BOX 20161
Cheyenne, WY 82003

307-777-2895 (fax)
BusinessRisk@wyo.gov