



# State of New Hampshire

## Department of Labor

Hugh J. Gallen  
 State Office Park  
 Spaulding Building  
 PO Box 2076  
 Concord, NH 03302-2076  
 603/271-3176  
 TDD Access: Relay NH  
 1-800-735-2964  
 FAX: 603/271-2668  
 http://www.nh.gov/labor  
 E-Mail :  
 InspectionDiv@dol.nh.gov

**Ken Merrifield**  
 Commissioner  
**Rudolph W. Ogden, III**  
 Deputy Commissioner

### VOCATIONAL COOPERATIVE EDUCATION PROGRAM Memorandum of Understanding

**School** *Print or Type* \_\_\_\_\_ **Employer** *Print or Type* \_\_\_\_\_  
**School FAX** \_\_\_\_\_ **Employer FAX** \_\_\_\_\_  
**School E-Mail** \_\_\_\_\_ **Student** *Print or Type* \_\_\_\_\_

This vocational education cooperative work experience (training) program has been approved subject to the terms of this agreement, including the following conditions:

1. The program is under the direct supervision of a full-time coordinator with adequate release time.
2. The signature will indicate approval of all parties involved.
3. The student-learner will be receiving instruction in an approved school and will be employed pursuant to a bona fide Vocational Cooperative Education Program in order to further his/her vocational education.
4. The student-learner will neither displace a regular worker now employed, nor substitute for a worker who would ordinarily be needed by the employer.
5. A schedule of organized and progressive work processes to be performed on the job has been prepared.
6. Safety instruction will be given by the school. While on the job, the student will receive safety instruction from and under the direct supervision of a qualified representative of the employing organization. Specific machines upon which he/she will work and other hazardous operations on which he/she will work are itemized.
7. The student –learner agrees to perform his/her duties in a loyal and faithful manner and to work for the best interest of all concerned.
8. This program may be terminated at any time by the high school vocational director, the coordinator, or the principal to assure the best interest of all concerned.
9. This program shall comply with all federal, state, and local laws and regulations.
10. If applicable, the waiver of hazardous occupation restrictions (New Hampshire Youth Employment Law Chapter 276-A :4,1) is granted when this agreement is approved by the Department of Labor.  
NOTE: This exemption for employment of a student-learner may be revoked in any individual situation wherein it is found that reasonable precautions have not been observed for the safety of minors employed there under.
11. The employer agrees to furnish an evaluation of the student-learner’s progress, adaptability, and attitude approximately one a month. (Forms will be furnished by the coordinator).
12. “The employer and school assures that students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex, or handicap.”

**\*\*\* Submit completed form to mailing address. E-mail address, or FAX listed above \*\*\***

*For Office Use Only:*

NHDOL Authorization <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> , Reason for rejection _____					
_____ Dated Signed	_____ Department of Labor Authorized Signature				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Returned via:</td> <td style="padding: 2px 10px;"><input type="checkbox"/> Fax</td> <td style="padding: 2px 10px;"><input type="checkbox"/> USPS</td> <td style="padding: 2px 10px;"><input type="checkbox"/> Email</td> </tr> </table>		Returned via:	<input type="checkbox"/> Fax	<input type="checkbox"/> USPS	<input type="checkbox"/> Email
Returned via:	<input type="checkbox"/> Fax	<input type="checkbox"/> USPS	<input type="checkbox"/> Email		

This program, as set forth in the Memorandum of Understanding, has been reviewed by the New Hampshire Department of Labor for compliance with New Hampshire labor laws. The hazardous occupations restrictions, if any, are hereby waived during the hours of training as stated herein.

INFORMATION SECTIONS: All signatures indicating approval must be affixed. Please print or type

**SCHOOL CONDUCTING PROGRAM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address of contact person: \_\_\_\_\_

Type of Program: \_\_\_\_\_ # of minutes of Related Instruction Weekly: \_\_\_\_\_

\_\_\_\_\_  
*Print Teacher/coordinator Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Co-op coordinator's signature, if applicable*

**STUDENT-LEARNER SECTION**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupational Objective: \_\_\_\_\_ SS #: \_\_\_\_\_

# Hours in School Daily: \_\_\_\_\_ # Hours Employment Daily: \_\_\_\_\_

\_\_\_\_\_  
*Print Parent/Guardian's Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

**EMPLOYER SECTION**

Name of Establishment: \_\_\_\_\_ Fed. ID# \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ # of employees \_\_\_\_\_ Telephone: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_ Anticipated Date of Ending Employment: \_\_\_\_\_

Starting Hourly Rate of Pay: \_\_\_\_\_ Potential Hourly Rate of Pay: \_\_\_\_\_

<b>As the employer, I am:</b>	Subject to the provisions of the Fair Labors Standards Act	Yes	No
	Subject to the provisions of the State of NH Minimum Wage law	Yes	No
	Covered under the provisions of the Workers' Compensation Act	Yes	No
	Subject to the Unemployment Compensation Act	Yes	No

\_\_\_\_\_  
*Print Employer Name*

\_\_\_\_\_  
*Employer Signature*

TOPICAL OUTLINE of on-the-job operations the student  
will experience: \_\_\_\_\_

MACHINE TO BE OPERATED, or hazardous occupation:  
\_\_\_\_\_

\_\_\_\_\_  
If hazardous, attach sheet of explanation of work and equipment used.  
Hazardous work is incidental to training, intermittent and for short periods of time.