

Lynda Doring

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BOARD OF COOPERATIVE
EDUCATIONAL SERVICES

Box 70 • Middle Settlement Road
New Hartford, NY 13413-0070

Transitional Employment Agreement

Student: _____ Date: _____

Name of Business: _____

Name of Employer: _____

Wage: _____ Hours: _____

Days Scheduled: _____

This is to certify that the above named student is participating in the Transitional Employment Program with me at the above listed hours and days. Any permanent change in schedule will be reported to the School Supervisor listed below.

Signatures

(Student)

(Employer)

(School Supervisor)

(Transition Coordinator)