

Steven Penge

Guidance/Vocational Assessment/Transition Planning
Special Education Department

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**BOARD OF COOPERATIVE
EDUCATIONAL SERVICES**

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

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)