



·STATE OF DELAWARE·

Pathways Work-Based Learning Program

PATHWAYS PROGRAM AGREEMENT

SECTION 1: REQUEST TO FILL

Hiring Manager: _____ Date of Request: _____

DEPARTMENT	DIVISION	PROGRAM TYPE
		Pathways Program

Contact Email: _____

Contact Phone: _____

Building Name: _____

Street Address: _____

City & Zip Code: _____

TITLE	START DATE	END DATE

SCHEDULE NOTES

ASSIGNED DUTIES/PROJECTS

- _____
- _____
- _____
- _____
- _____

CANDIDATE SKILLS DESIRED

- | | |
|---------------------|---------|
| • Area(s) of study: | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

APPROVAL

Hiring Manager: _____ Date: _____

HR Designee: _____ Date: _____

Forward the approved request to the DHR Pathways Program Coordinator at jobs@delaware.gov.
Subject line: "Pathways Request"

SECTION 2: OFFICIAL PROGRAM AGREEMENT

This agreement outlines the duties and responsibilities of the Agency/Department, Program Coordinator, and student completing this Program Agreement. It also confirms assignment schedule, policy acknowledgments, and other important information.

The Department of Human Resources accepts the service of all Interns with the understanding that such service is at the sole discretion of the Agency/Department. student agrees that the Agency/Department may at any time, for any reason, terminate the program.

PATHWAYS STUDENT CONTACT INFORMATION

Candidate Name:

Mailing Address:

City, State & Zip Code:

Phone:

Email:

SCHEDULE

Reports to: Contact Phone:

Contact Email:

DAYS:	SUN	MON	TUES	WED	THURS	FRI	SAT
Start Time:							
End Time:							

Schedule Notes:

SECTION 3: AGREEMENTS AND RESPONSIBILITIES

PATHWAYS STUDENT

- I understand that as a Work-Based Learning Student, I am required to comply with the State of [Delaware Employee Code of Conduct](#).
- I understand and confirm that I am a Program Student, and I agree to provide services **without** compensation, unless stated otherwise in my *Appointment Letter* from the State of Delaware, and understand the risks involved in volunteering.
- I acknowledge that neither the State of Delaware, nor the Agency/Department, will assume any financial responsibility for injuries or illness that I might incur while performing voluntary services.
- I understand and agree to adhere to the State of Delaware's policies governing the observation of confidentiality and the handling of confidential information.
- I understand and agree to adhere to Agency/Department work hours/schedule, policies and procedures, in addition to the rules governing professional staff behavior. Furthermore, I agree not to attempt work that is beyond my abilities or for which I have not been assigned, trained, or authorized.

- I hereby agree that I have never been convicted of a felony or Class A Misdemeanor.
- I understand and agree that the Department of Human Resources reserves the right to inquire into my background, including a criminal history report, if applicable.
- I certify that I have read, understand, and **AGREE TO COMPLY** with the terms and conditions set forth in this agreement, and specific policies provided below:
 1. [Respectful Workplace and Anti-Discrimination Policy](#)
 2. [DTI Acceptable Use Policy](#)
 3. [Domestic Violence Policy](#)
 4. [Drug-Free Workplace Policy](#)
 5. [Executive Order 30](#)
 6. [Sexual Harassment Prevention Policy](#)
 7. [Workplace Violence Policy](#)
- I understand and agree to submit an Exit Survey, an evaluation of the State of Delaware's Pathways Work-Based Learning Program, at the conclusion of the assignment.
- I understand that my signature below confirms that I acknowledge and accept all terms and conditions outlined in this program agreement.

PATHWAYS STUDENT SIGNATURE

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Student Signature	Date
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HIRING MANAGER

- I understand and agree to orient the student to the Agency/Department's structure and operations.
- I understand and agree to orient the student to the Agency/Department's policies and procedures regarding appropriate dress, office hours, and applicable leave policies.
- I understand and agree to introduce the student to the appropriate professional and clerical staff, and ensure they are provided the necessary communication chain information.
- I understand and agree to provide the student with adequate resources necessary to necessary to accomplish job objectives.
- I understand and agree to meet with the student regularly to discuss progress throughout the duration of the program, and provide any and all necessary feedback.
- I agree to assign and supervise the completion of tasks and responsibilities that are consistent with the student's role in the Agency/Department. An official Job Description/ Job Summary will be provided in advance of the first day of the assignment.
- I agree to consult with the Pathways Program Coordinator in the event I become aware of personal, communication or other problems that may cause disruption with the

student's program experience.

- I agree to submit any and all evaluations, and any required performance documentation.
- I understand that my signature below confirms that I acknowledge and accept all terms and conditions outlined in this program agreement.

HIRING MANAGER SIGNATURE

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Hiring Manager Signature Date

PATHWAYS PROGRAM COORDINATOR

- I have reviewed the Program Agreement and all sections are complete.
- I have reviewed the Program Agreement to ensure all required signatures are present.
- I have confirmed the student has **Agreed to Comply** with the above outlined policies.
- I have filed all documents for record keeping purposes.

PROGRAM COORDINATOR SIGNATURE

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Program Coordinator Signature Date