

January 26 , 2015

Dear Work Experience Employer,

_____ is enrolled in Holt High School's Work Experience Program and has requested to complete their work based learning experience with your company. Students enrolled in this program are required to obtain 10 hours per week of paid employment while they are in the work experience program.

According to State of Michigan guidelines all employers must be willing to sign our work experience contracts and provide evidence their place of business has the appropriate Worker's Compensation and Liability insurance policies for their employees. Policy carrier names and policy numbers must be recorded on each students work based learning forms. Please fill in the information below and we will transfer it on to the work based learning forms.

Employer_____

Worker's Compensation Policy Carrier_____

Worker's Compensation Policy Number_____

Liability Insurance Policy Carrier_____

Liability Insurance Policy Number_____

A work experience coordinator will be visiting your establishment to request signatures on our work experience contracts. I have included my contact information in case you have any questions or would like to return this form electronically.

Classroom Telephone: 517-699-6445

Email: nmeredit@hpsk12.net

Fax: 517-699-3451

Thank you,

Mrs. Nancy Meredith