

STRUCTURED LEARNING EXPERIENCE
ANNUAL TEACHER ASSIGNMENT FORM

SLE Teacher Name: _____

Current Certification: _____

County: _____

District/School/Agency: _____

Address: _____

Phone/Fax/E-mail: _____

School Year of Appointment: _____

I certify that the above teacher has been appointed by me to coordinate structured learning experiences/career orientation experiences during the school year identified above. The teacher, who is employed at the filing district/school/agency, has completed the following required course(s) and a copy of the certificate of completion for each course completed is attached to this form. *(If teacher has not yet completed the required courses, check the last item in the list):*

- Designing and Implementing Student Training Plans (18 hours)
- OSHA 10 PLUS Worksite Safety and Health Training (12 hours)
- Federal Wage and Hour Laws, Regulations, and Hazardous Orders (6 hours)
- New Jersey Wage and Hour and Wage Payment Laws and Regulations (6 hours)
- New Jersey Child Labor Laws, Regulations, and Hazardous Orders (6 hours)
- The above teacher has not completed the required non-collegiate courses. I certify that the above teacher is actively pursuing the required training.

As the duly authorized chief school administrator/director of education of the filing district/school/agency, I certify that the information and documents provided are accurate.

Comments:

Print Name and Title

Signature

Date