Pre-Employment Transition

Work-Based Learning Experience (WBLE) Checklist

	Non-Paid	Paid
WBLE	☐	☐

Date: _____

Prepared by: _____

Student: _____
  Full Name   Phone Number

_____
  Address   City   State   Zip Code

Student Gender: ☐ Male ☐ Female ☐ Did not self-identify

Pre-ETS Coordinator: _____
  Full Name   Office Location

Business: _____

_____
  Address   City   State   Zip Code

_____
  Business Contact   Phone #   Email Address

_____
  Supervisor   Phone #   Email Address

WBLE Job Title: _____

Background Check Required: ☐ Yes ☐ No   Background Check Shared with Business: ☐ Yes ☐ No

List of Duties: _____

_____

WBLE Goal: _____

_____

Worksite Skills Trainer: ☐ Yes ☐ No

Starting Date: _____   Ending Date: _____

Coding (Subledger/Subsidiary): _____

Wages Per Hour: _____ Total WBLE Hours: _____

Hours Per Week: _____ # of Weeks: _____

Next Pay Period Ending Date if State paid WBLE: _____

For unpaid placements, liability is covered by a State Blanket Accident Policy. For paid placements, Worker's Compensation is covered by the State of Nebraska.

Copies should be provided to Business, NDE HR, and State Office Fiscal.   Section 4/5