



State of Wyoming

Department of Workforce Services



Mark Gordon
Governor

DIVISION OF WORKERS' COMPENSATION
Risk Management
5221 Yellowstone Rd
Cheyenne, Wyoming 82002
<https://dws.wyo.gov>

Robin Sessions Cooley, J.D.
Director

Elizabeth Gagen, J.D.
Deputy Director

Student Learner & Student Training Agreements

Please review the following eligibility requirements of this program before completing this agreement:

- Students must be 16-18 years old and enrolled in a Wyoming School District (high school graduates and homeschooled students are eligible).
 - Students must maintain academic & attendance requirements with school.
- Employers must be in Good Standing with Workers' Compensation, Unemployment Insurance, and the Secretary of State at the time of application and throughout the agreement.
- **One of the job duties must fall within the 7 Hazardous Occupation (HO) exemptions.** Please reference Child Labor Bulletin 101 for HO under the Fair Labor Standards Act for specific descriptions: <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/childlabor101.pdf>

The completion of this form by the employer serves as the agreement and it must be submitted to the Division. **Please complete thoroughly and initial which agreement you are opting into.**

<p>Student Learner Agreement: Pursuant to Wyoming Statute 27-14-110 (a) A Wyoming school district, community college or technical school and an employer may enter into a student learner agreement for the purposes of providing student learners vocational work and training opportunities and for student learners to earn course credit from the school district, community college or technical school, compensation from the employer, or both. A copy of any student learner agreement entered into under this section shall be submitted by the employer to the Division.</p>	
<p>Student Training Agreement: Pursuant to Wyoming Statute 27-14-110 (b) A student learner may enter into a student training agreement with an employer to complete work or vocational training at the employer's business for course credit from the school district, community college or technical school, compensation from the employer, or both. A copy of any student training agreement entered into under this section shall be submitted by the employer to the Division.</p>	

Please initial each attestation:	
I understand that, as the Employer, I must notify the Division if the agreement is terminated or extended with a school district, community college or technical school, and if terminated, the date of termination.	
I understand that, as the Employer, by completing this Agreement that I shall pay the premium charged for each student learner as required under W.S. 27-14-110(f).	



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This is an agreement between _____

Student Name

Phone Number

Mailing Address

Date of Birth

and _____

Employer Name

Contact Name

Employer Email Address

9-Digit Workers' Compensation Number

and _____

School Name

Contact Name

Mailing Address

Phone Number

The above parties agree to enter into a Student Learner/Student Training Agreement.

The Student will gain experience in the industry/area of: _____

Will work days and hours of _____

The Student will be (check one): Paid Unpaid (School Credit) Paid & School Credit

The Student's job title will be _____

with general job duties being _____

Student Emergency Contact Name: _____

Relationship to the Student & Phone Number: _____



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This agreement is only valid when signed by all applicable parties.

- ❖ I hereby certify that the information provided in this agreement is true and accurate to the best of my knowledge.
- ❖ I have read and understand the Student Learner/Student Training agreement process.
- ❖ By signing this agreement, the Employer agrees to offer job duties and work hours that do not violate Child Labor Laws as outlined by the U.S. Department of Labor.
- ❖ By signing this agreement, the Student agrees to maintain academic and attendance requirements as outlined by their school, while also completing the agreed upon job duties and work hours.

Student

Printed Name	Signature	Date
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Custodial Parent or Guardian (if Student is under 18 years old)

Printed Name	Signature	Date
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Authorized School/Educational Institution Representative

Printed Name	Signature	Date
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Employer Representative

Printed Name	Signature	Date
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Employer, upon agreement completion, do you wish to speak to your Account Manager to discuss how to properly file wage information for your Student Learner or Student Trainee? Yes No

Please email, mail or fax this agreement to:

Department of Workforce Services
Workers' Compensation – Risk Management
PO BOX 20161
Cheyenne, WY 82003
307-777-2895 (fax)
BusinessRisk@wyo.gov