CENTER for COMMUNITY-BASED LEARNING, LEADERSHIP, and RESEARCH

at the University of Wisconsin-Milwaukee



CLIP Community Learning Agreement

Community Leader Intern Contact and Site Information

| Student Name (print) | | | |
|-------------------------------------|-------------------------|------------|--|
| Service Site | | Role | |
| The service site is a (choose one): | Nonprofit America Reads | For-Profit | |
| | | | |
| Service Site Supervisor (print) | Phone Number | Email | |
| Total Work-Study Award: | | | |
| Hourly Wage: | | | |
| | | | |

Weekly Site Schedule

Please enter in your scheduled hours for each day of the week (ex: 11:00am-3:00pm. If hours or are irregular, please note below.

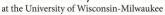
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |
| | | | | | | |
| Notes: | | · | | | | |

Learning Goals

- Intercultural Knowledge and Competence
- Critical and Creative Thinking
- Effective Communication Skills
- Individual, Social, and/or Environmental Responsibility

How does the community-based work experience address two or more of the learning goals? What specific roles or tasks will facilitate learning at your CLIP site?







Agreement

As a Community Leader Intern in the CLIP, I agree to the following statements (please initial):

- 1. I will have my CLIP supervisor submit the hours I work on the CLIP to UWM every two weeks before the due date listed on the timecard schedule. I understand that a late timecard will result in being paid late. Initials:
- 2. I agree to act professionally at my work-study site. I will be reliable and on time. I will call my site supervisor if I am going to be late or if I am sick. I will wear appropriate attire and maintain a positive attitude. Initials:
- 3. I agree to direct any guestions or issues about CLIP to the CLIP Coordinator, Jasmine Salton at jsalton@uwm.edu Initials:
- 4. I agree to check and reply to my UWM email address on a regular basis, as this is how the CLIP Coordinator at UWM will communicate important messages. Initials:
- 5. I agree to attend training and reflection sessions that the CLIP coordinator will organize each semester. I understand that the only excused absence is if I have a class conflict. I understand an unexcused absence may result in my termination from the program. Initials:
- 6. I acknowledge that I have read the Student Employment Administrative Manual. (https://uwm.edu/careerplan/wp-content/uploads/sites/73/2018/07/Student_Employment_Manual.pdf). Initials:
- 7. I understand that other campus hourly employment will affect my work-study award and affect how many hours I can be paid at my community-based work-study site. Initials:
- 8. I understand that I must communicate any UWM on-campus job(s) I acquire to my CLIP Coordinator immediately upon hire or during my employment with the CLIP Initials:
- 9. I understand that once I earn my whole work-study allocation, I cannot continue to get paid. Initials:

Community Leaders are considered student employees and are subject to student employment policies and procedures. As such, I understand that failure to adhere to these and all expectations from my supervisors may result in disciplinary action, up to and including termination when appropriate.

Initials:

Signatures

| Student | Date | |
|-------------------------------------|------|--|
| Service Site Supervisor Signature | Date | |
| CLIP Coordinator(s) at UW-Milwaukee | Date | |

