

Norman
Thomas
High School

FOR
COMMERCIAL
EDUCATION

BOARD OF EDUCATION

CITY OF NEW YORK

111 EAST 33 STREET AT PARK AVENUE
NEW YORK, NEW YORK 10016

TELEPHONE: 532-8910

BERNARD V. DEUTCHMAN, *Principal*

Marketing Education Department

ROBERT RUBIN, ASSISTANT PRINCIPAL

Cooperative Education
Work Experience Program

March 31 1988

Dear Employer:

As a participant in our Work Experience Program, it is your evaluation which is needed so that we may arrive at an adequate grade for each co-op student employed by you. The student's final grade for the term is based on your rating.

Please fill out the enclosed rating slip according to the scale on the slip. Please rate our students carefully, keeping in mind that they are in the process of learning and developing.

Have each student sign the slip before mailing it back to us.

Please return all rating slips in the enclosed self-addressed, stamped envelope by May 1, 1988.

We wish to thank you for your patience, cooperation and participation in our program. If you have any questions about the rating slips or desire additional part-time help, call us at the school at 532-8910, extension 340.

Sincerely,

Ms. Joan Lyman
Ms. Stacy Mitgang
Ms. Roberta Weill
Cooperative Education Coordinators



VERATEX INCORPORATED 160 MADISON AVENUE, NEW YORK, NY 10016 (212) 683-9300 FAX (212) 889-5573

January 5, 1993

Wei Chang

Part time -> Full Time

Assistant Comptroller

\$30,000/Yr Salary Payable Weekly at \$576.92

Probation Waived.

2 Weeks paid vacation non cumulative to be taken 1st two weeks of July or 2nd 2 weeks in December. Vacation available in 1993 for work in 1992.

5 sick days per year cumulative and available immediately for 1993.

Blue Cross/ Blue Shield Health insurance to be paid for currently by company and to be determined in future in accordance with company policy.

Require 1 month notice for resignation.

Bonus participation, if any.

Annual Salary Review

*1 course / semester course sponsored
and approved (off hours)*

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BERNARD V. DEUTCHMAN, *Principal*

Marketing Education Department

ROBERT RUBIN, ASSISTANT PRINCIPAL

Cooperative Education
Work Experience Program

December 1, 1986

Dear Employer:

As a participant in our Work Experience Program, it is your evaluation which is needed so that we may arrive at an adequate grade for each co-op student employed by you. The student's final grade for the term is based on your rating.

Please fill out the enclosed rating slip according to the scale on the back of the slip. Please rate our students carefully and please keep in mind that they are in the process of learning and developing.

Have each student sign the slip before mailing it back to us.

Please return all rating slips in the enclosed self-addressed stamped envelope by December 15, 1986.

We wish to thank you for your patience, cooperation and participation in our program. If you have any questions about the rating slips or desire additional part-time help, call us at the school at 532-8910, extensions 36 or 37.

Sincerely,

Sy Bratter
Joan Lyman

Mr. Sy Bratter

Mrs. Joan Lyman

Cooperative Education Coordinators

BOARD OF EDUCATION OF THE CITY OF NEW YORK
COOPERATIVE EDUCATION BUREAU
110 Livingston Street
Brooklyn, New York 11201

TRAINING AGREEMENT

Student's Name: CHANG WEI Birth Date: 12/31/68
Student's Address: 217 HENRY ST Apt. 3 Telephone: (212) 962-3406
Social Security Number: 056-66-5410 Expected Date of Graduation: 1988
Name of School: NORMAN THOMAS HIGH SCHOOL
Training Stations (Employer): VERATEX INC.
Employer's Address: 160 MADISON AVE. 10016
Job Title: Computer Operator Starting Date: 8/16/86

- ~~1. The school will make provisions for the student to receive related instruction as shown in the attached training plan.~~
- ~~2. The employer agrees to offer the student job experience within the student's capabilities to enable him/her to prepare for the occupation prescribed in the training plan.~~
- ~~3. Both employer and student will adhere to all federal, state, and local regulations regarding employment and the employment of minors. The student will receive prevailing wages.~~
- ~~4. Since the student's work experience is an accredited part of his/her high school program, the employer will endeavor to employ the student for at least the minimum work schedule for the entire training period.~~
- ~~5. The student will be assigned to a training supervisor. The supervisor will consult the Cooperative Education Bureau about any difficulties arising with the student; the Bureau will assist with adjustments of any problems of the trainee while on the job.~~
- ~~6. Employment shall be terminated if the student leaves school prior to graduation.~~
- ~~7. The student shall not terminate his/her employment without the approval of the Cooperative Education Bureau.~~
- ~~8. The student agrees to perform diligently the work experiences assigned by the employer according to the same company policies and regulations as apply to regular employees, and his/her employment may be terminated for the same reasons as other employees.~~
- ~~9. The student will be punctual and will keep regular attendance both in school and on the job, and will submit to the school regular reports from the employer concerning his/her attendance at work.~~
- ~~10. The employer agrees to make evaluative reports on the student semi-annually, and to receive periodic supervisory visits from representatives of the Cooperative Education Bureau.~~
- ~~11. The Bureau will inform the employer of new and/or upgraded skills acquired by the student during the training period.~~

NOTE: This Agreement is not complete without an attached Training Plan.

Signatures

Student: Wei Chang Date: 9/25/86
Cooperative Coordinator: [Signature] Date: 9/25/86
Employer or Supervisor: [Signature] Date: 9/25/86

THIS FORM MUST BE KEPT IN THE STUDENT'S PERSONNEL FOLDER IN ORDER TO QUALIFY FOR THE TARGETED JOB CREDITS - REVENUE ACT OF 1978.

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Cooperative Education
Work Experience Program

May 1 19 *87*

Dear Employer:

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Please fill out the enclosed rating slip according to the scale on the back of the slip. Please rate our students carefully and please keep in mind that they are in the process of learning and developing.

Have each student sign the slip before mailing it back to us.

Please return all rating slips in the enclosed self-addressed stamped envelope by *May 15*.

We wish to thank you for your patience, cooperation and participation in our program. If you have any questions about the rating slips or desire additional part-time help, call us at the school at 532-8910, extensions 36 or 37.

Sincerely,

[Signature]
Sy Bratter
Mrs. Joan Lyman
Cooperative Education Coordinators

408MAN THOMAS HIGH SCHOOL
For Commercial Education
111 East 33rd Street
New York, N. Y. 10016

OFFICE OF COOPERATIVE EDUCATION
EVALUATION OF STUDENT

NAME Chang, Wei

TERM ENDING 6/87

CLAUDE SIMON
VERATEX INC
160 MADISON AVE
NEW YORK, NY 10016

☐ COOP A

☐ COOP B

PLEASE RATE THE CATEGORIES LISTED BELOW ACCORDING TO THE FOLLOWING SCALE

- 5 = Exceptional
- 4 = Above Average
- 3 = Average
- 2 = Below Average
- 1 = Failing

ATTITUDES

- 1. Attendance 5
- 2. Punctuality 5
- 3. Reliability 5
- 4. Interpersonal Relations 5
- 5. Interest in Job 5

PERFORMANCE

- 6. Quality of Work 5
- 7. Ability to Follow Instructions 5
- 8. Initiative 5
- 9. Observance of Rules & Regulations 5
- 10. Growth on the Job 5

TOTAL ALL CATEGORIES 100 (SEE REVERSE SIDE)

*Any consecutive absence should be considered as one absence.

REMARKS. Supervisors may add comments regarding a student's overall performance on the job.

This student is exceptional in all
categories. It is a pleasure to have her
work here.

Completed by:

Charles Simon
Supervisor's Signature

Wei Chang
Student's Signature

President
Title

WHITE: SCHOOL COPY

BLUE: OFFICE COPY



VERATEX INCORPORATED

160 MADISON AVENUE, NEW YORK, NY 10016

(212) 683-9300

1989 Review

Wei Chiang

Areas of Success

1. Diligence
2. Efficiency
3. Perseverance

Areas Need Improvement

1. Verbal communication skills-Relating your ideas to others

Recommendations:

Speech course
Practice