

OFF-CAMPUS WORK AGREEMENT

Wheatland Crossing School Golden Hills School Division #75



Progra	m: Work Experience 15/25/35 Date:	
Job Titl	le/Trade:	2
BETW	EEN	
A.	Name of Student: (herein called the "Student)	S.J.N.:
	Address:	
		Age:
	Parent or Guardian's Name:	
	and the second of the second o	86
B.	Business Employer:	
	Supervisor:	
	Company Address:	
	Phone: Cell:	Fax:
С	School Supervisor: Tiffany Phillips	
	School Address: P.O. Box 99, Standard, AB T0J 3G0	
	Phone: 403 644-3791 Fax: 403 644-3813	· 65
	E-mail: tiffany.phillips@ghsd75.ca	
WHER	EAS:	
1. The	Board has approved an Off-campus Education program for	pupils in its school pursuant to section
37 of th 2. The signed	ne School Act. employer named above, the student and the student's pare this agreement) have agreed to participate in the said Proposs herein set forth.	nt or guardians (where he or she has
TERMS	S OF THIS AGREEMENT:	
1. Perio	od of Agreement	
and de	dent shall, from to faithfully, hone evote his/her where time and attention to such employmeder prescribed.	

2. Hours of Work

Off-campus education for both junior and senior high school students shall take place between 7 a.m. and 10 p.m., Monday through Sunday.

Hours of employment shall be from:
toMonday-Friday
to Monday
to Tuesday to Wednesday
to Thursday
to Friday to Saturday
tosaturday
Varies: (expected hours a week)
In the event the Student shall be employed by the Employer outside the scope of this agreement, the Employer and Student are subject to the <i>Alberta Labour Relations Code</i> , the regulations and orders there under.
3. Worker's Compensation
By Workers' Compensation Regulation AR 427/81, the Student participating in this program is deemed to be a "worker" of the Alberta Government for the purpose of Workers' Compensation. In the event of an accident, the student would be unable to sue the employer.
4. Termination
Any party to this agreement may terminate it at any time by giving adequate written notice of termination to the other parties involved.
5. Supervision
During the hours of employment, the Student shall be under the direct supervision and control of the Employer; provided however, the Employer shall at all times permit the Board or its representatives access to the employment site and the Student.
6. Evaluation
The Employer shall at the request of the school supervisor, complete applicable program documentation and evaluate the student in the performance of his or her duties and report such evaluation on a form from time to time provided to the Employer by the school supervisor.
7. Full-time Employee Tenure
The Employer agrees that the employment of the Student, shall in no way affect the job security of any other employee of the Employer, nor the Employer's hiring practices with regard to full-time employees, except in the case of the Registered Apprenticeship Program.
8. Remuneration
There is no expectation of remuneration (pay) for a Work Experience or Green Certificate Program, however; students may be paid and students must be paid at least minimum wage for the Registered Apprenticeship Program, the Health Internship Program and the Forestry Internship Program.
9. Safety
The employer will ensure that the student is provided with safe working conditions and is not exposed to any unreasonable or unlawful risk or dangers at the work site. The employer confirms that the work site is in compliance with all applicable federal, provincial and municipal legislation including but not limited to, the <i>Employment Standards Code</i> , the <i>Labour Relations Code (Alberta)</i> , the <i>Occupational Health and Safety Act</i> and related regulations including <i>Workplace Hazardous Materials Information System</i> and local and provincial health, safety, and building standards. SIGNATURES:
EMPLOYER STUDENT

PARENT OR GUARDIAN OF STUDENT

Wheatland Crossing School
P.O. Box 99, Standard, AB T0J 3G0
Tel. 403 644-3791 Fax 403 644-3813

WORK EXPERIENCE TIME SHEET

STUDENT:		PHONE:					
		PHONE:					
SUPERVISOR:							
Date dd/mm/yy	Description of duties		Total Hours	Employer's Initials			
	***************************************			THE CONTRACTOR OF THE CONTRACT			
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TOTAL HOL	JRS (THIS PAGE):						
SUPERVISO COMMENTS (PRS' SIGNATURE: IF NEEDED):						

Work Experience Assessment

Student Name	_ Final Mark	/100
Markers Signature		

PUNCTUALITY AND ATTENDANCE		RATING					
Punctuality	5	4	3	2	1	N/A	
Attendance	5	4	3	2	1	N/A	
PERSONAL QUALITIES AND WORK HABITS		RATING					
Cooperativeness-ability to work with others	5	4	3	2	1	N/A	
Adaptability-ability to adapt to new tasks or situations	5	4	3	2	1	N/A	
Willingness to accept suggestions for improvement	5	4	3	2	1	N/A	
Practices self-control	5	4	3	2	1	N/A	
Reliability-completes tasks on time, can be depended on	5	4	3	2	1	N/A	
Initiative-eager to learn, seeks additional work	5	4	3	2	1	N/A	
Demonstrates interest and enthusiasm for the job	5	4	3	2	1	N/A	
General grooming and appearance	5	4	3	2	1	N/A	
EXECUTION OF WORK DUTIES		RATING					
Ability to learn and complete tasks	5	4	3	2	1	N/A	
Tools and equipment used in an effective and safe manner	5	4	3	2	1	N/A	
Neatness of work	5	4	3	2	1	N/A	
Speed of work completion	5	4	3	2	1	N/A	
Works consistently and conscientiously	5	4	3	2	1	N/A	
PROCEDURES, PRACTICES OR SERVICES SPECIFIC TO MY JOB		RATING					
1.	5	4	3	2	1	N/A	
2.	5	4	3	2	1	N/A	
3.	5	4	3	2	1	N/A	
4.	5	4	3	2	1	N/A	

Please rate the student by circling the number that best describes the student's performance.

RATING SCALE: 5 Excellent

- 4 Very Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory
- N/A Not Applicable

***** Please give the student a mark out of 100 %