

PLACEMENT APPROVAL

Please complete this form and return to your Placement Advisor. Approval is required in order to begin your work term. Students should note that hours completed prior to approval will not be considered.

Student Information

Name: Program: Humber N#:
 Email: Phone:
 Address (local):
 Domestic Student? YES NO If no, please attach copy of work permit.

How did you find this job posting?
 Faculty or Alumni Referral
 Career Centre/Humber Coop Portal
 Student direct job search/networking
 Student works for company (or has in the past)
 Other (please specify):

Employer Information

Organization: Department:
 Employer Address:
 Supervisor Name: Supervisor Title:
 Phone number: Email:
 Comments:

Employment Terms

Student Job Title:
 Days/hours per week: Start Date: End Date:

Placement Remuneration: Paid Unpaid * If your placement is unpaid, you must complete the Employer WSIB form.

If the placement is unpaid, will you receive any other forms of compensation? (i.e. transportation, honourarium, etc.) YES NO N/A
 If yes, explain:

Will your work require travel outside of the GTA? YES NO
 If yes, explain:

Will you need to provide your own hardware/software or other tools? YES NO
 If yes, explain:

Proposed Job Duties

Company
Description:

Job Duties/
Responsibilities:

Qualifications
Required of
Student:

*Please attach a copy of the formal job description

Student Agreement

I understand and agree that should I accept employment with this organization, I will honour my commitment to this employer regardless of subsequent job offers, and I agree to follow all practices, policies and procedures of my employer. I agree that my employer may release information to the School related to my work term and performance.

Student Signature:

Date:

For Placement Office Use Only

This placement has been reviewed and evaluated as a suitable learning opportunity and meets the necessary Program Learning Outcomes for the student.

Placement Advisor Signature:

Date:

Once your placement has been approved, submit to employer for signature, along with WSIB form.

Employer Agreement

Upon hiring the above student, I agree to provide the student with: duties related to their program of study as much as business conditions allow and/or an opportunity for the student to learn and build skills for career success in their field of study; an orientation to their duties (including all applicable/required health and safety practices and training); guidance and supervision; Further, I agree to provide feedback on the student's performance to the School during the work term and at the end of the work experience.

Employer Signature:

Date: