**Peace River High School **

***Appendix K***

 **EMPLOYER’S INFORMATION PACKAGE**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Employer,

Thank you for accepting the sponsorship of our student under the Work Experience Program of **Peace River High School.**

As Work Experience Coordinator it is my responsibility to ensure that the student is prepared for their Off-Campus learning, maintain contact with employer and with the assistance of the employer, ensure that the student’s performance is evaluated. Your efforts in providing a meaningful and safe learning environment for our student are certainly appreciated. The meaningful work opportunities provided combined with the expectations and standards set for them, better prepare the student for their future “world of work”.

Prior to being accepted as a work experience student, the student must complete:

* The required **Job safety** module and assignments.
* All applicable **Off-Campus Education** documentation.

The employer’s role in completing the Work Experience documentation is vital to ensuring that a sound, educational learning plan and course expectations are suitably in place. I appreciate your efforts in completing the documentation as accurately as possible. If you have any questions or concerns regarding the student or the Work Experience Program, please contact me immediately.

Regards,

James Pobuda

Work Experience Co-coordinator

Work Phone: 780-624-4221 Fax: 780-624-4048 E-Mail:pobudaj@prsd.ab.ca

**EMPLOYER DOCUMENTATION CHECKLIST**

□ **Student’s Responsibilities and Learning Expectations**

* Accurately completed and signed by Employer.

□ **Weekly**

* Completed by the student but must be signed by the supervisor weekly.

□ **Final Employer’s Evaluation (completed at the end of the placement period)**

* Accurately completed and signed by Employer.

**IMPORTANT EMPLOYER INFORMATION**

Under the category of Off-Campus Education, Work Experience has a few important and significant expectations and guidelines for employers. The expectations and guidelines are to help ensure the success and safety of the student during their Work Experience placement.

**OBJECTIVE** The purpose of career exploration is to give the student an opportunity to participate in meaningful work and to develop acceptable work habits in a business environment.

 **DESCRIPTION** Students can complete 75 hours of work for 3 credits, 125 hours for 5 credits, or 250 hours for 10 credits.

**ALBERTA LABOUR** Employers’ participation in the work experience program should in no way affect their normal hiring practices.

 **WCB COVERAGE** **Workers’ Compensation coverage is provided for student workers by Alberta Education.** Through the duration of their Work Experience placement, the student is considered to be “a worker” of the **Government of Alberta** for purposes of **Workers’ Compensation**. In the event of an accident, the student would be unable to sue the employer. All accidents must be reported immediately to the Work Experience Coordinator. (Please see attached injury protocol.)

**HOURS OF WORK** Students **may work between 7:00 a.m. and 10:00 p.m. on any day of the week.** Employers’ exemption from minimum wage legislation and students’ coverage by Workers’ Compensation apply only during these hours. Hours worked beyond these are subject to regulation by the Employment Standards Act.

 **AGREEMENT** Employers enter into an agreement with the student, the student’s parents or guardians and the Peace River School Division School Board, covering the period of employment. The employer, for reference, should retain one copy of the completed agreement.

**DUTIES** Student’s duties should be discussed and agreed to by the employer, the student and the Teacher-Coordinator. A job description sheet should be completed during the interview.

 **SUPERVISION** The student is to be appropriately supervised and monitored during each work shift. The teacher-coordinator will visit the work site.

**SAFETY** The student is provided with appropriate safety course/orientation related to job responsibilities and work site environment.

 **EVALUATION** Employers are requested to complete the Student’s Evaluation upon completion of hours, discuss it with the student and return the evaluation to the school Coordinator. Generally, evaluations are to be performed upon completion of the work placement.

**THANKS TO YOU AND YOUR STAFF FOR THE TIME AND EFFORT DONATED TO THIS PROGRAM**

**James Pobuda**

**Work Experience Coordinator Phone: 780-624-4221 Fax: 780-624-4048 E-mail: pobudaj@prsd.ab.ca**

***Appendix L***

**Peace River High School **

**TIPS FOR WORKPLACE SUPERVISORS**

1. Discuss work expectations with the student.

2. Discuss company rules and regulations with the students.

3. Assign specific work to the student.

4. Increase the student’s responsibilities gradually.

5. Provide regular feedback to the student on his/her work performance.

6. Evaluate the student as an entry-level employee.

7. Complete the evaluation form promptly and discuss it with the student.

8. Contact the teacher-coordinator if the student

* Has a problem, which the school needs to resolve.
* Disobeys or ignores company rules or regulations.
* Is absent from work without having contacted you.
* Is injured at work.
* Is not desired as a work study/work experience participant.

WORK EXPERIENCE INJURY PROCEDURE

In the event that an injury occurs to the Work Experience student you are supervising on the job site, please follow this procedure. First and foremost, please ensure that the student receives immediate first aid and/or medical treatment.

Work Experience Coordinator

James Pobuda

School: 780-624-4221

Alternate Contacts:

Principal Mark Owens or Assistant Principal Bill Sheets

780-624-4221

**Must be done within 72 hours of being notified of injury.**

 Injury to the Student

Student **reports injury**

 to **Employer** and **Work**

 **Experience Coordinator**

* **Medical treatment**

 **provided**

* **Parent contacted**

 **Employer** completes

 “Employer’s Report of

 **Student** completes “Worker’s Injury” or “Occupational

 Report of Injury” or “Occupational Disease Form”

 Disease Form” (do not insert account

 number)

Reports forwarded

immediately to

**Work Experience**

**Coordinator**

Fax: 780-624-4048

 **Work Experience Coordinator:**

* Check accuracy of reports
* Inserts Alberta Education’s claim number
* Signs name and adds “on behalf of ALBERTA EDUCATION”
* Faxes both completed forms within 72 hours of accident to:

- Curriculum Sector (780) 422-3745 and

- Workers’ Compensation Board (780) 427 -5863

* Maintains original copies of forms
* Consults with employer on preventing similar incidents from occurring

**TO BE COMPLETED BY WORKPLACE SUPERVISOR**

**Peace River High School **

**Student Responsibilities & Learning Expectations**

|  |  |
| --- | --- |
| **STUDENT** |  |
| **JOB TITLE** |  |
| **COMPANY NAME** |  |
| **ADDRESS & POSTAL CODE** |  |
| **SUPERVISOR (S)** |  |
|  | **PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Student Duties and Responsibilities**

Please give a detailed description of the duties this student will be responsible for at this work site –

point form is preferable.

|  |
| --- |
| 1.  |
| 2. |
| 3. |
| 4. |

**Student’s Learning Plan**

Please list the **workplace skills, attitudes and knowledge** that the student possesses that

enabled them to be hired for their job position.

|  |
| --- |
| Workplace Skills |
| Attitudes |
| Knowledge |

**TO BE COMPLETED BY WORKPLACE SUPERVISOR *Appendix I***

What job training and/or safety training has the student completed to date?

|  |
| --- |
|  |

What special training will the student complete in the next □ 75 □ 125 □ 250 hours of work?

|  |
| --- |
|  |
|  |
|  |

What **workplace skills, attitudes, and knowledge** do you want the student to develop or improve

upon during the next 250 hours of work?

|  |
| --- |
| Workplace Skills |
| Attitudes |
| Knowledge |

Will your business pay?

1. Regular wage \_\_\_\_\_\_\_\_\_ 4. Honorarium \_\_\_\_\_\_\_\_\_

2. $1.00 per hour \_\_\_\_\_\_\_\_\_ 5. No wage \_\_\_\_\_\_\_\_\_

3. Other (tools, gift certificates, \_\_\_\_\_\_\_\_\_

 merchandise discounts, etc.)

**NOTE:**

1. Inform the work experience coordinator if the **major job duties change significantly** during the

work experience placement.

1. Please provide the student with a one or two week work schedule. Our school recommends the

student work approximately **8-10 hours per week**.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  ***Appendix H*****PEACE RIVER SCHOOL DIVISION NO. 10****10018 – 101 St., PEACE RIVER, AB T8S 2A5****PH: 624-3601 FAX: 624-5941** |

**WORK EXPERIENCE PROGRAM AGREEMENT**

**Program:**

Work Experience Education is a program which is expected to broaden the student's knowledge and

provide an opportunity for the individual to develop and practice skills in a real working environment.

Some expectations for the course are that the individual will:

a) have an opportunity to participate in meaningful work

b) gain an understanding of the importance of developing acceptable work habits, good grooming,

 and need for self-discipline

c) develop an understanding of positive attitudes for getting along with people

d) learn about the organization of business and the relationships of employee to employer, unions,

 and government through direct contact with these agencies.

**Please Check Appropriate Course Designation:**

Work Experience 15/25/35 \_\_\_\_\_ Workplace Readiness/Practicum\_\_\_\_\_ Special Project Credits \_\_\_\_\_(please circle appropriate W.E. level)Work Experience with Cadets/Canadian Forces (reserves) \_\_\_\_\_ RAP \_\_\_\_\_ Work Study \_\_\_\_\_

Green Certificate \_\_\_\_\_

**Parties to the Agreement:**

PLEASE NOTE:

This is a legal document, please be sure to complete it clearly and completely. **PLEASE PRINT**.

|  |  |  |
| --- | --- | --- |
| Name of Student: | Address: | Phone Number: |
| Student's Job Title: |
| Name of Employer-Firm Name: | Address: | Phone Number: |
| Name of Supervising Officer: | Phone Number: |

 ***Appendix H***

**1. Employment** The student worker agrees to enter the employ of the employer and the employer

agrees to employ and supervise the student worker.

**2. Duties** The student worker agrees to perform for the employer the duties included in

the job description as determined by the employer.

**3. Report Forms,**

 **Visits** The Board shall keep the employer supplied with forms for reports by the employer

 to the Board concerning the work and conduct of the student worker. The Board reserves the right to visit the student worker to assist in the educational aspects of the program.

**4. Workers'**

 **Compensation** The parties are aware of the terms and conditions concerning the aforesaid employment

and the Workers' Compensation Act (Alberta).

**5. Indemnity** In consideration of the Board having arranged for the work experience herein

described, the undersigned parent or guardian agrees, and if more than one execute

 this agreement, they agree jointly and severally with the Board to save harmless and

 indemnify the Board with respect to any expense, costs or liability arising out of any

 damage or injury occurring or alleged to occur in or in connection with the aforesaid

 employment and with respect to any damage or other claim.

**6. Termination** Any party to this agreement may terminate it by giving notice of termination by registered mail to the other parties at the addresses shown in the agreement.

**7. Other Employees** The student worker will not replace any regular or casual employees of the employer.

**8. Insurance** The Board maintains insurance with respect to its liability and that of the student

workers under this program. The employer has the right to inspect the policy of

 insurance from time to time in effect.

**9. Effective Period**

 **and Hours** This agreement shall, unless otherwise terminated, be effective from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2012 until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2013.

 Working hours shall be from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**10. Employment Outside**

 **of the Program** In the event the student shall be employed by the employer outside of the scope of

this agreement, the employer and the employee are subject to provincial employment

 legislation, the regulations and order thereunder.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Worker Date Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employer Date Signature of Board Representative Date

The student, employer and school should retain a copy of this form. The work agreement lays out the conditions for the work

experience and binds the parties to the terms of the agreement.