



## WORK TERM APPROVAL FORM

Please submit this form for approval at [coop@USherbrooke.ca](mailto:coop@USherbrooke.ca)

<b>Name</b>			
<b>Student ID</b>			
<b>Program</b>			
<b>Work Term Level</b>	<input type="checkbox"/> W-0	<input type="checkbox"/> W-1	<input type="checkbox"/> W-2
	<input type="checkbox"/> W-3	<input type="checkbox"/> W-4	<input type="checkbox"/> W-5
<b>Work Term</b>	<input type="checkbox"/> Winter	<input type="checkbox"/> Summer	<input type="checkbox"/> Autumn
<b>Organization Name</b>			
<b>Work Term Address</b> <small>(Complete address with postal code)</small>			
<b>Supervisor</b> Name : Title : Telephone : Cellphone : E-mail :	<b>Hiring Manager (if different)</b> Name : Title : Telephone : Cellphone : E-mail :		
<b>Job Description</b> (If short of space, please enclose description as an appendix)			
<b>Comments (optional) :</b>			
Remote Work <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially			
<b>Salary</b> (gross hourly rate)	_____ \$/hourly	<b>Number of hours/week</b> <small>(35 hours minimum)</small>	_____ h/week
<b>Work term start date</b>	___ / ___ / ___ <small>DD / MM / YYYY</small>	<b>Length of work term</b> <small>(normally 15 weeks, 12 weeks minimum)</small>	___ weeks
<b>Signatures</b> <i>(an e-mail can be used as proof of signature)</i>			
<i>Important: This signed document will serve as a work term agreement.</i>			
Hiring responsible : _____		Date : _____	
Student : _____		Date : _____	
SSDP : _____		Date : _____	