

WORK TERM APPROVAL FORM

Please submit this form for approval at coop@USherbrooke.ca

Name			
Student ID			
Program			
Work Term Level	<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
Work Term	<input type="checkbox"/> Winter	<input type="checkbox"/> Summer	<input type="checkbox"/> Autumn
Organization Name			
Work Term Address (Complete address with postal code)			
Supervisor	Hiring Manager (if different)		
Name :	Name :		
Title :	Title :		
Telephone :	Telephone :		
Cellphone :	Cellphone :		
E-mail :	E-mail :		
Job Description (If short of space, please enclose description as an appendix)			
Comments (optional) :			
Remote Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partially
Salary (gross hourly rate)	_____ \$/hourly	Number of hours/week (35 hours minimum)	_____ h/week
Work term start date	___/___/___ DD / MM / YYYY	Length of work term (normally 15 weeks, 12 weeks minimum)	___ weeks
EMPLOYER'S OBLIGATION			
By approving this form, your organization commits to respect the work term criteria:			
<ul style="list-style-type: none"> • offer a work term related to the field of study of your co-op student; • offer a full-time work term (usually 35 hours per week); • offer a work term that respects the length criteria (usually 15 weeks, minimum of 12 weeks); • offer a work term that is paid AND supervised. 			

Your organization also commits to:

- offer a work term that matches the content of this form;
- ensure a healthy recruitment process, free of discrimination and harassment;
- promote a healthy and professional working environment, free of discrimination, harassment, and all forms of sexual violence, and take reasonable steps to prevent such behavior and act promptly to address and stop it;
- comply with the *Act respecting labour standards*;
- take the necessary measures to protect the health and ensure the safety and integrity, both physical and mental, of your co-op student and provide the Université with information on this subject when required.

STUDENT'S OBLIGATION

En approuvant ce formulaire, vous autorisez le Service des stages et du développement professionnel à transmettre à votre employeur votre dossier étudiant et tout autre renseignement nécessaire à la réalisation de votre stage.

Vous vous engagez à acquitter les frais d'inscription reliés au régime coopératif ou à l'apprentissage en milieu de travail et à respecter l'ensemble des procédures du Service des stages et du développement professionnel et des obligations et articles énumérés dans le [Règlement des études relatif aux stages coopératifs](#).

Signatures *(an e-mail can be used as proof of signature)*

Important: This signed document will serve as a work term agreement.

Hiring responsible : _____ Date : _____

Student : _____ Date : _____

SSDP : _____ Date : _____