

**WORK TERM APPROVAL FORM
(return for a subsequent work term)**

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 <small>(complete address with postal code if different from previous work term)</small> | | | |
| Supervisor Name : Title : Telephone : Cellphone : E-mail : | Hiring Manager (if different) Name : Title : Telephone : Cellphone : E-mail : | | |
| Job Description (If short of space, please enclose description as an appendix) <input type="checkbox"/> Same description as previous work term <input type="checkbox"/> New description (please detail) | | | |
| Comments (optional) : | | | |
| Remote Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Partially |
| Salary <small>(gross hourly rate)</small> | _____ \$/hourly | Number of hours/week <small>(35 hours minimum)</small> | _____ h/week |
| Work term start date | ___/___/_____ <small>DD / MM / YYYY</small> | Length of work term <small>(normally 15 weeks, 12 weeks minimum)</small> | __ 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 : _____