



**WORK EXPERIENCE / WORK STUDY / RAP
EDUCATION AGREEMENT**

Division Off-Campus Coordinator: Mr. Bill Turnham, 780.231.7955 or bill.turnham@spschools.org
Please contact for any Off-Campus Program concerns or emergencies.

A. Name of student: _____	Phone _____	
Address: _____	Age _____	
City/Prov. _____	Postal _____	
Student School: _____		

B. Name of Company: _____	Phone _____	
Address: _____		
City/Prov. _____	Postal _____	
Supervisor (Please Print): _____		

GENERAL AGREEMENT

The student named in 'A' above shall be employed under a Work Experience / Work Study / RAP Program by which the student shall attend school and work under the arrangements set forth below:

1. **PERIOD OF AGREEMENT:** This agreement shall be in force from _____ to _____ unless terminated before that date by one of the parties to the agreement.
2. **PARTIES TO THE AGREEMENT:** The parties to the agreement shall be:
 - a. the student (with parental endorsement) named in 'A' above.
 - b. the employer named in 'B' above.
 - c. the St. Albert Protestant Board of Education (Work Experience / Work Study / RAP Coordinator).
 - d. the Parent(s) or guardian(s) of the student named in 'A' above.
3. **HOURS OF WORK:** This agreement is applicable to Work Experience / Work Study Education / RAP employment during the following times: any part of, or all of, each weekday or days, Monday to Sunday inclusive from _____(am/pm) to _____(am/pm). Hours set outside of the Off-Campus Handbook parameters shall be noted and logged according to the guidelines within the handbook.
4. **DUTIES:** A general statement of duties to be set forth by the employer.
5. **SUPERVISION:**
 - a. The direct supervision of the student employed under this contract shall be vested in the employer.
 - b. The school board reserves the right to maintain, through the Work Experience / Work Study / RAP Coordinator, or other staff member, contact with the above named student on this Work Experience / Work Study position in order to assist in directing the educational aspects of the program..
6. **INSURANCE:** The student is covered by liability insurance by the Workers' Compensation Board.
7. **WORK EXPERIENCE EVALUATION:** The employer shall be supplied with a standard form for reporting at regular intervals to the Work Experience / Work Study / RAP Coordinator regarding the evaluation of the student.
8. **FULL-TIME EMPLOYEE TENURE:** The employer named in 'B' above agrees that participation in this program will in no way affect the tenure of any regular full-time employee now on staff, nor their hiring practices with regards to full-time employees.
9. **EMPLOYMENT OUTSIDE THE PROGRAM:** In the event the student shall be employed by the employer outside the scope of this agreement, the employer and the employee are subject to the Alberta Labor Act, the regulations and orders thereunder.
10. **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..

Employer	Parent(s) or Guardian(s)	Work Experience / Work Study	Student
Copies Distribution: WHITE- School	YELLOW - Student	PINK - Cooperating Employer Coordinator	