

Student Information

EMPLOYER AGREEMENT FOR A STUDENT IN SUPERVISED ALTERNATIVE LEARNING

Under the *Education Act*, youth must attend school until the age of eighteen, and employers are prohibited from employing youth during school hours. However, youth who are fourteen to seventeen years of age may be excused from school to attend Supervised Alternative Learning programs, which may include employment (*Ontario Regulation 374/10, "Supervised Alternative Learning and Other Excusals from Attendance at School"*).

Completion of this employer agreement confirms your interest in offering employment to the undersigned student and your willingness to adhere to the guidelines specified below under "Agreement". This form will be included in the student's application for Supervised Alternative Learning (SAL).

(middle name) (first name) (last name) Address: _____ City/Town: ____ Postal Code: ____ _____ Grade/Level: School: Date of Birth: Name of Primary Contact: ______ Telephone: _____ **Employer Information** Name of Business: Address of Business: ______ Business Telephone: Type of Business: Name of Supervisor: Email Address of Supervisor: Brief Description of Job: _____

Employment Conditions	
Hours per Day:	Days per Week:
Rate of Pay:	Starting Date:
Duration of Employment:	
Agreement	
	t's application for SAL, the employer will be notified that the estudent's work placement in SAL is approved, the employer
 workplace. Contact will be allowed between and the above-named student the contact time with the emplo 	rimary contact by telephone within five school days of
receive a letter from the board or school sp	n final confirmation by the school board. The employer will becifying the conditions of the student's placement, and that wing the student to be legally employed during school hours.
Student Signature	Date
Supervisor Signature	Date

Primary Contact Signature

Date