



SUPERVISED ALTERNATIVE LEARNING (SAL)

SAL APPLICATION – PART 3A

EMPLOYMENT INFORMATION *(to be completed for paid placements)*

STUDENT INFORMATION

STUDENT: DATE OF BIRTH:
SCHOOL: GRADE:

EMPLOYER INFORMATION

NAME: PHONE:
ADDRESS:

NAME OF SUPERVISOR:
WORK LOCATION:

DESCRIPTION OF WORK:

DAILY SCHEDULE:

TOTAL HOURS TO BE WORKED EACH WEEK:
EMPLOYMENT CAN BEGIN ON:

EMPLOYER STATEMENT:

I confirm that employment will be as described above and that the pupil named above will be covered under my Ontario Workplace Safety and Insurance Board plan during the period of employment.

I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the employment conditions change.

I confirm that the pupil named above is old enough to engage in the employment described above and will not place the pupil in a work situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.

I understand that the pupil named above will be subject to monitoring by the St. Clair Catholic District School Board and I will co-operate with them so that such can be carried out.

Employer's Signature: _____

Date: