

Human Resources Management Graduate Program Student Field Placement Agreement

In recognition of my responsibility to successfully complete this project, I agree to observe the following:

1. I am an ambassador of the program and of the College, hence I will be professional at all times. I also recognize that while on this work term I will remain a registered student at Mohawk College subject to all the College's rules and regulations.
2. I understand that I have WSIB or Private Insurance, and that should an on-the-job illness/injury/disease occur, the college will release my personal information to WSIB or Private Insurance.
3. I understand that I am responsible for all of my own costs during my placement (parking, transportation, meals etc.)
4. I will report to work every day, on time, and will work the hours specified by the host organization.
5. I will adhere to standards of professional conduct and will keep all information that I am privy to confidential during and after my placement.
6. If I must be absent due to illness/injury, I will
 - * FIRST: Phone the host organization within one-half hour of my normal start time.
I will call in every day of my absence.
 - * SECOND: E-mail the Human Resources Management Program Coordinator, Rocco Di Giovanni, at rocco.digiovanni@mohawkcollege.ca and provide name of host employer, reason for absence, estimated date of return, and a telephone number where I can be reached.
7. If I sustain any injury on the job, I will immediately notify my supervisor and I will contact Operations Manager at (905) 575-1212 x 3695.
8. If I encounter any problems on the job, I will try to resolve them with my supervisor. If I am unable to resolve the problem on my own, or if I do not feel comfortable doing so, I will contact the Human Resources Management Program Coordinator, Rocco Di Giovanni at rocco.digiovanni@mohawkcollege.ca
9. I will schedule any personal appointments outside of working hours. If this is not possible, I will discuss with my supervisor how I can make up the missed time.
10. I will conform to all of the host organization's policies, procedures and safety regulations.

Please complete the following:

The host organization for my placement is: _____

The contact employee at the host organization is _____ (first and last name)

Email: _____ Phone: _____

I, _____ have read and understand the requirements of this Agreement.

Student's Signature: (in pen) Date: _____