

Business Programs Student Work Experience Agreement

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

1. I will report to work every day, on time, and will work the hours specified by the host employer.
2. I understand that I am responsible for my own costs while on placement (meals, parking, transportation, etc.)
3. I will adhere to standards of professional conduct required while at my work experience placement, which includes:
 - Professional dress code (no jeans, no yoga/workout clothes, no spaghetti-strap tops, no flip-flops, etc.)
 - NO personal telephone calls UNLESS IT IS AN EMERGENCY
 - NO text messaging
 - NO Facebook, Twitter, or other personal social media additions (from workplace) or updates on company time or on company equipment or online comments about workplace
 - NO personal internet or email use at host employer
 - Appropriate greeting message on personal telephone (ie number given to host employer)
 - Mohawk College email address only (when required unless company provides you with an email address)
 - Only employer-generated emails – no personal emails
 - Proper etiquette as appropriate for other social media – same rules as above
4. If I must be absent due to illness/injury, I will **telephone** (not text message or email):
 - * FIRST: the host employer.
 - * SECOND: the College, at (905) 575-2005, and will provide my name, name of host employer, reason for absence, estimated date of return, and a telephone number where I may be reached.
5. I will phone within one-half hour **BEFORE** my normal starting time, and will call in every day, if my necessary absence requires me to be away more than one day.
6. If I sustain any injury on the job, I will immediately notify my employer or supervisor and I will contact Ms. Jane Cooper, Associate Dean, at (905) 575-2219.
7. If I encounter any problems on the job, I will try to resolve them with my immediate supervisor and/or I will contact a faculty member or the program co-ordinator at the College.
8. I will schedule any personal appointments outside of working hours. If this is impossible, I will discuss it with the host employer and make arrangements to make up the lost time. I will also inform the coordinator of these arrangements.
9. I will conform to all of the host employer's policies, procedures, and safety regulations.
10. I accept that the placement I have been assigned cannot be switched with another student's placement.

Cut above – retain top portion and return bottom portion to Program Coordinator

The host employer for my Work Experience Partnership placement is _____

The person I must contact prior to my work experience is: _____ phone # _____

I, _____, have read and understand the requirements of this Work Experience Agreement. I agree that I will abide by all of the above terms and conditions and understand that in the event I do not do so, I may receive a grade of "FL" for this course.

Student's Signature: (in pen please)

Date: _____ Program: _____

Revised: December 5, 2016

\\Adfe-fs01\Business\BusStud\data\WORK EXPERIENCE\W15\Documents\OA TT Student Work Experience Agreement 2015.doc