

## OFF-CAMPUS EDUCATION – WORK AGREEMENT

|       |  |
|-------|--|
| Date: |  |
|-------|--|

|                 |  |              |  |
|-----------------|--|--------------|--|
| Current School: |  | Grade:       |  |
| Student Name:   |  | Cell Number: |  |

|                       |  |                      |  |                     |  |
|-----------------------|--|----------------------|--|---------------------|--|
| Organization Name:    |  |                      |  | Organization Phone: |  |
| Organization Address: |  |                      |  |                     |  |
| Supervisor #1         |  |                      |  |                     |  |
| Supervisor #1 Phone:  |  | Supervisor #1 Email: |  |                     |  |
| Supervisor #2         |  |                      |  |                     |  |
| Supervisor #2 Phone:  |  | Supervisor #2 Email: |  |                     |  |

1. The school board has approved an off-campus education program for students pursuant to the *Education Act*.
2. The organization and the student agree to participate in the program under the terms and conditions set out in this agreement.

### EFFECTIVE PERIOD AND HOURS

#### 3. Effective Period

This agreement applies from \_\_\_\_\_ to August 31, \_\_\_\_\_.  
Current Date Graduation Year

#### 4. Work/Volunteer Schedule

Typical days:

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Typical times:

Weekdays: \_\_\_\_\_ to \_\_\_\_\_

Weekends: \_\_\_\_\_ to \_\_\_\_\_

Approximate hours per week: \_\_\_\_\_

#### Note:

##### Not attending classes:

Recommended maximum of **8 hours/day and 40 hours/week**.

##### Attending classes:

Recommended maximum of **12 combined school/work hours/day and 60 combined hours/week**.

*Example: 6 hours at school + 6 hours at work = 12 combined hours.*

## 5. Termination

Any party to this agreement may, with or without cause, terminate the agreement by providing written notice to the other parties.

## 6. Supervision

During the approved hours of employment/volunteering, the student shall be under the direct supervision and control of an onsite supervisor. The organization shall permit the school authority or its representative's reasonable access to the work site and the student.

## 7. Evaluation

The organization shall, at the request of the school authority or its representatives, evaluate the student in the performance of their duties and provide the requested evaluation to the school authority.

## 8. Full-Time Employee Tenure

The organization agrees that the employment of the student under this agreement shall in no way affect the job security of any other employee of the organization or its hiring practices with regard to full-time employees.

## 9. Insurance

Pursuant to the *Workers' Compensation Act* and applicable regulations or orders-in-council, a student participating in an authorized off-campus education program is deemed to be a worker of the Government of Alberta for the purpose of workers' compensation during approved off-campus education hours.

## 10. Workplace Safety Acknowledgement

The student and parent/guardian acknowledge that participation in an off-campus education placement involves exposure to workplace hazards and risks that may be inherent to the work environment. The organization agrees to provide workplace orientation, job-specific health and safety training, appropriate supervision, and information regarding workplace hazards and required safety procedures. The student agrees to follow all workplace safety rules, procedures, and instructions provided by the organization.

## AGREEMENT AND CONSENT

The parties acknowledge that they have reviewed and understand the terms of this agreement, including the workplace safety provisions outlined above, and agree to participate in the Off-Campus Education program under these conditions.

PROTECTION OF PRIVACY ACT NOTICE *Personal information on this form is collected under Section 33(c) of Alberta's Protection of Privacy Act (POPA) and the Education Act to administer off-campus programming, verify credit eligibility, ensure student safety, and maintain WCB coverage. Information will be shared with off-campus employers/partners, WCB, and Alberta Education and Childcare as required. Questions regarding this collection may be directed to the MHPSD Privacy Coordinator (403-528-6700 | [privacy@mhpssd.ca](mailto:privacy@mhpssd.ca)).*

|                                          |              |      |
|------------------------------------------|--------------|------|
| Signature of Organization Representative | Printed Name | Date |
| Signature of Student                     | Printed Name | Date |
| Signature of Parent / Guardian           | Printed Name | Date |
| Signature of MHPSD Representative        | Printed Name | Date |