



**STUDENT AGREEMENT FOR A NON-CREDIT SUPERVISED  
ALTERNATIVE LEARNING (SAL)  
WORK PLACEMENT**

For students earning credits in a cooperative education program, please see *Cooperative Education and Other Forms of Experiential Learning, 2000* for the appropriate guidelines and documentation.

For resources for students, see [www.livesafeworksmart.net/english/coop/tip\\_sheets.htm](http://www.livesafeworksmart.net/english/coop/tip_sheets.htm) for tips for young workers: *Are You Ready for Work?* and *Stay Safe When Working: 12 Tips*.

NAME OF STUDENT:  
WORK PLACEMENT:

OEN:

I understand the following conditions of a non-credit work placement:

- The school or the work-station supervisor may stop my work program.
- My SAL primary contact will talk to my work-station supervisor about my duties and work.
- The work-station supervisor will give my SAL primary contact reports on my work.
- My primary contact will discuss my performance at work with others including my principal and parents.

I understand the following rules for participating in a SAL workplace program:

- I must complete the forms asked for by my primary contact before I go to the workplace.
- I must report for work on time.
- I must not miss days at work without a good reason.
- I must call my primary contact and my work-station supervisor ahead of time if I will be late or absent.
- I must be polite to the supervisor, other workers, and customers.
- I should dress properly for the workplace.
- I must follow the work-station supervisor's rules and instructions.
- I must not talk about confidential information from the workplace.
- I must work safely and obey all safety rules.
- I will fill out my log sheet each day and give it to my primary contact each week.
- I will tell my primary contact of any problems so he/she can help me solve them.
- I will talk with my primary contact if I want to change to a different workplace location.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware of the above rules that the student is to follow in the SAL workplace.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_