

Sample Employer Confirmation Form

Employer Name	Business	Address
Contact Name	Telephone Number	Fax Number/Email

Student Name	Grade Level	School
Placement Dates	School Supervisor	Telephone Number

Employer Responsibilities:

1. The Employer will provide the Student with a safe and healthy workplace and include any special safety instruction required for participating at the site.
2. The Employer will provide the student with instruction and supervision in the areas agreed upon by the School Supervisor and the Employer.
3. The Employer will notify the School Supervisor if a Student is absent from the work site without prior notification/explanation.

Student Responsibilities:

1. The Student must notify the Employer and School Supervisor in advance if unable to attend the work site during the scheduled period.
2. The Student agrees to maintain in the strictest confidence information that comes to his/her knowledge during the community experience. If required, the Student signs an agreement of confidentiality.
3. The Student must fulfill all safety and health precautions as may be directed by the division in consultation with the community placement.
4. The Student will follow the work-site expectations as agreed upon by the Employer and the School Supervisor.

I agree to participate in the program upon the terms set out above.

(Employer's signature)

(Date)

(Student's signature)

(Date)