

SUPERVISED ALTERNATIVE LEARNING Employer Agreement

Under the *Education Act*, youth must attend school until the age of eighteen, and employers are prohibited from employing youth during school hours. However, youth who are fourteen to seventeen years of age may be excused from school to attend Supervised Alternative Learning programs, which may include employment (*Ontario Regulation 374/10, "Supervised Alternative Learning and Other Excusals from Attendance at School"*).

Completion of this employer agreement confirms your interest in offering employment to the undersigned student and your willingness to adhere to the guidelines specified below under "Agreement". This form will be included in the student's application for Supervised Alternative Learning (SAL).

Student Information

Name:			
		(middle name)	(last name)
Address:	City/Town:	Postal Code:	
School:		Grade/Level:	
Date of Birth:			
	 		
Employer Information			
Name of Business:		·	
Address of Business:		·	
Business Telephone:			
Type of Business:			
Name of Supervisor:			
Email Address of Supervisor:			
Brief Description of Job:			

Employment Conditions	
Hours per Day:	Days per Week:
Rate of Pay:	Starting Date:
Duration of Employment:	
Agreement	
	olication for SAL, the employer will be notified that the ent's work placement in SAL is approved, the employer
 workplace. Contact will be allowed between the pand the above-named student durin the contact time with the employer. 	to confirm the safety of the proposed work and primary contact (identified in the approved letter) g work hours. The primary contact will arrange y contact by telephone within five school days of named student.
receive a letter from the board or school specifyi	I confirmation by the school board. The employer will ng the conditions of the student's placement, and that ne student to be legally employed during school hours.
Student Signature	Date
Supervisor Signature	Date

Primary Contact Signature

Date