Job-Out Agreement for Paid Placement

Cambrian College

GENERAL CONDITIONS:

1. The parties, as defined below, have agreed to participate in this Job-Out (Paid Placement) Agreement (the "Agreement") on the terms and conditions herein set form.
2. Termination: Notwithstanding anything herein contained to the contrary, any party hereto may, with or without cause, summarily terminate this Agreement with notice in writing to the other parties.
3. Supervision: During the hours of training herein set forth, the Student shall be under the supervision of the Placement Supervisor.
4. College Access: The Employer agrees to allow College representatives to have access at any time to the Placement and the Student.
5. The Placement is the employer and is responsible for providing Workplace Safety & Insurance Board ("WSIB") coverage and reporting claims.
    a. If the Placement is currently reporting to the WSIB, the earnings must be included in their regular WSIB returns.
    b. If the Placement is not reporting to the WSIB, the Placement must contact the nearest WSIB office to determine if coverage is mandatory when hiring workers.

	Date Completed: ________________
A. Parties to the Agreement	
Student (the "Student")	
Last Name:	
First Name:	
Current Address:	
Telephone No.:	
Course Code:	
Placement (the "Placement")	
Name of Placement:	
Employment Sector:	
Name of Placement Supervisor:	
Placement Address:	
Cambrian College of Applied Arts and Technology (the "College")	
Name of Program Coordinator:	
College Address:	1400 Barrydowne Road Sudbury, ON
Telephone No.:	705-566-8101

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B. Specific Time at Placement
Period of Agreement
The Student shall, from ______________ to _____________ (the "Period"), faithfully, honestly and diligently perform the duties of a trainee at the Placement as _______________ (job title) and devote their whole time and attention to such Placement during the hours hereunder prescribed.
Placement Hours
The normal hours at the Placement shall be from _________ to __________.
Schedule
Identify the days when the Student will be at the Placement: ____________________ (days of placement).
C. Rate of Pay
The Placement shall pay the Student $ ____ per hour, payable on a [weekly/bi-weekly/monthly] basis by [direct deposit/cheque/cash], less applicable statutory deductions and withholdings.
D. Workplace Safety & Insurance Board Coverage
Workplace Safety & Insurance Board Coverage will be provided at the training station by the Placement for the entire Period.
E. Liability Insurance
The Placement shall have in place and maintain general and employer's liability insurance coverage for the benefit of the Student and to protect the Student during their performance under this Agreement.
F. Force Majeure
Notwithstanding anything to the contrary contained herein, the parties shall not be liable for any delays or failures in performance resulting from acts beyond its reasonable control including, without limitation, acts of God, acts of war or terrorism, pandemic, shortage of supply, breakdowns or malfunctions, interruptions or malfunction of computer facilities, or loss of data due to power failures or mechanical difficulties with information storage or retrieval systems, labor difficulties or civil unrest. Notwithstanding the foregoing, in the event of such an occurrence, the parties agree to make a good faith effort to perform their obligations hereunder.
G. Signatures of Parties to the Agreement

______________________ Student Name	______________________ Student Signature	______________________ Date (yyyy/mm/dd)
______________________ Placement Site Name	______________________ Placement Site Signature	______________________ Date (yyyy/mm/dd)
______________________ Program Coordinator Name	______________________ Program Coordinator Signature	______________________ Date (yyyy/mm/dd)