



**Request for Approval of Placement -
WORK CONTRACT AGREEMENT**

This request must be received by the College at the beginning of the placement, ideally before the first day of work, but no later than two (2) weeks after the first day of work.

The three partners named below are in agreement with the duties, dates and remuneration (if applicable). No changes may be made without the College's knowledge.

Institution:	
Continuing Education Cegep Heritage College 325, boul. Cité des Jeunes, Gatineau (QC) J8Y 6T3 Tel. (819)778-2270 ext. 2804 Fax (819)595-5091	
Date of Approval: _____	
Signature on behalf of the College: _____	
Student must immediately pay for their registration, and then confirm their 'Attendance Validation' via Omnivox as of _____	
Employer:	Student:
Contact Person:	Name:
Company Name:	Telephone:
Address:	Email:
Telephone:	_____@cegep-heritage.qc.ca
Email:	Program: _____
Fax:	Student Number: _____
Employer's Signature: _____	Student's Signature: _____
Date of Signature: _____	Date of Signature: _____
Duties: Briefly describe the duties that the student will perform or attach the job posting.	
Dates and Remuneration:	
In total, the student must complete <input type="checkbox"/> 495 hours.	
Each week the student will work _____ hours per week.	
Start Date: _____	End Date: _____
Student will be paid <input type="checkbox"/> @ \$_____/hour (if applicable) or will not be paid <input type="checkbox"/>	
Location of Placement (if different from above): _____	
NOTE: A teacher will be making at least one on-site visit during the placement.	

Please submit request to **Celina Fleury-Gow**, Education Advisor,
at fax # **819-778-7364** or by email (**cfleury@cegep-heritage.qc.ca**)