

# Co-operative Education Network Job Confirmation Form

EMAIL COMPLETED FORM TO YOUR CO-OP COORDINATOR

| STUDENT DETAILS  |   |                                |   |                                   |  |         |                   |          |  |  |
|--|---|--------------------------------|---|-----------------------------------|--|---------|-------------------|----------|--|--|
| NAME   |   |                                | STUDENT ID                                      |                                   | IL                                       |         |                   |          |  |  |
| DEGREE/ASSOCIATE DIPLOMA PROGR   | AM (BSCH, DAG, etc.)  | SPEC                           | IALIZATION (                                    | Ecology,                          | etc.)                                    | WORKS   | SEMESTER (i       | .e. S22) |  |  |
| HIRING CONTACT DETAILS   |   |                                |   |                                   |  |         |                   |          |  |  |
| ORGANIZATION NAME  |   |                                | STREET ADDRESS                                  |                                   |  |         |                   |          |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
| UNIT/SUITE CITY  |   |                                | POSTAL COD                                      | E I                               | EMAIL                                    |         |                   |          |  |  |
| HIRING CONTACT NAME  |   | HIRING CONTACT JOB TITLE       |   |                                   |  |         |                   |          |  |  |
| PHONE  | ORGANIZATION'S  | WEBS                           | TE  |                                   |  |         |                   |          |  |  |
| Is Workplace Safety Insurance Board company's employees? If no, ask you insurance coverage. Students are en extended health insurance to determ Canada, Guard Me insurance is requi can be purchased by the student at t | or employer superviso<br>couraged to review th<br>nine if their coverage i<br>red, and local regulati | r for m<br>neir stu<br>is adeq | ore details if<br>dent health i<br>uate. For wo | they do<br>insurance<br>ork terms | not provide<br>e or family<br>outside of | nich    | YES               | NO       |  |  |
| JOB DETAILS  |   |                                |   |                                   |  |         |                   |          |  |  |
| ☐ Summer ☐ Fall ☐ Winter   | ☐ 4 months☐ 8   | hs□ 12 m                       | ☐ 12 months ☐ In-Person ☐                       |                                   |  |         | ☐ Remote ☐ Hybrid |          |  |  |
| WORK TERM SEMESTER   | DURATION OF WORK  | TERM                           |   |                                   |  |         |                   |          |  |  |
| START DATE (DD/MM/YYYY)  | END DATE (DD/MM,  | /YYYY)                         |   | HOU                               | RLY RATE                                 |         | HOURS PER WEEK    |          |  |  |
| CO-OP JOB TITLE  |   |                                |   | POS                               | SITION LOCAT                             | ION (ON | LY ENTER OI       | NE CITY) |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
| UNIQUE JOB REQUIREMENTS (i.e. Trav   | vel, Shift Work, Car Re   | quired                         | License, NS                                     | ERC, etc.)                        | )  |         |                   |          |  |  |
| ☐ JOB DESCRIPTION attache  | d in MS Word fo   | or ap                          | proval (  | requir                            | ed)                                      |         |                   |          |  |  |
| J. Sylvan  |   |                                |   |                                   | Jamed                                    | 2       |                   |          |  |  |
| STUDENT'S SIGNATURE  |   | -                              | _   | EMPLOY                            |  | URE     |                   |          |  |  |



# Co-operative Education Network Job Confirmation Form

EMAIL COMPLETED FORM TO YOUR CO-OP COORDINATOR

| STUDENT DETAILS  |   |                                |   |                                   |  |         |                   |          |  |  |
|--|---|--------------------------------|---|-----------------------------------|--|---------|-------------------|----------|--|--|
| NAME   |   |                                | STUDENT ID                                      |                                   | IL                                       |         |                   |          |  |  |
| DEGREE/ASSOCIATE DIPLOMA PROGR   | AM (BSCH, DAG, etc.)  | SPEC                           | IALIZATION (                                    | Ecology,                          | etc.)                                    | WORKS   | SEMESTER (i       | .e. S22) |  |  |
| HIRING CONTACT DETAILS   |   |                                |   |                                   |  |         |                   |          |  |  |
| ORGANIZATION NAME  |   |                                | STREET ADDRESS                                  |                                   |  |         |                   |          |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
| UNIT/SUITE CITY  |   |                                | POSTAL COD                                      | E I                               | EMAIL                                    |         |                   |          |  |  |
| HIRING CONTACT NAME  |   | HIRING CONTACT JOB TITLE       |   |                                   |  |         |                   |          |  |  |
| PHONE  | ORGANIZATION'S  | WEBS                           | TE  |                                   |  |         |                   |          |  |  |
| Is Workplace Safety Insurance Board company's employees? If no, ask you insurance coverage. Students are en extended health insurance to determ Canada, Guard Me insurance is requi can be purchased by the student at t | or employer superviso<br>couraged to review th<br>nine if their coverage i<br>red, and local regulati | r for m<br>neir stu<br>is adeq | ore details if<br>dent health i<br>uate. For wo | they do<br>insurance<br>ork terms | not provide<br>e or family<br>outside of | nich    | YES               | NO       |  |  |
| JOB DETAILS  |   |                                |   |                                   |  |         |                   |          |  |  |
| ☐ Summer ☐ Fall ☐ Winter   | ☐ 4 months☐ 8   | hs□ 12 m                       | ☐ 12 months ☐ In-Person ☐                       |                                   |  |         | ☐ Remote ☐ Hybrid |          |  |  |
| WORK TERM SEMESTER   | DURATION OF WORK  | TERM                           |   |                                   |  |         |                   |          |  |  |
| START DATE (DD/MM/YYYY)  | END DATE (DD/MM,  | /YYYY)                         |   | HOU                               | RLY RATE                                 |         | HOURS PER WEEK    |          |  |  |
| CO-OP JOB TITLE  |   |                                |   | POS                               | SITION LOCAT                             | ION (ON | LY ENTER OI       | NE CITY) |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
| UNIQUE JOB REQUIREMENTS (i.e. Trav   | vel, Shift Work, Car Re   | quired                         | License, NS                                     | ERC, etc.)                        | )  |         |                   |          |  |  |
| ☐ JOB DESCRIPTION attache  | d in MS Word fo   | or ap                          | proval (  | requir                            | ed)                                      |         |                   |          |  |  |
| J. Sylvan  |   |                                |   |                                   | Jamed                                    | 2       |                   |          |  |  |
| STUDENT'S SIGNATURE  |   | -                              | _   | EMPLOY                            |  | URE     |                   |          |  |  |



# Co-operative Education Network Job Confirmation Form

EMAIL COMPLETED FORM TO YOUR CO-OP COORDINATOR

| STUDENT DETAILS  |   |                                |   |                                   |  |         |                   |          |  |  |
|--|---|--------------------------------|---|-----------------------------------|--|---------|-------------------|----------|--|--|
| NAME   |   |                                | STUDENT ID                                      |                                   | IL                                       |         |                   |          |  |  |
| DEGREE/ASSOCIATE DIPLOMA PROGR   | AM (BSCH, DAG, etc.)  | SPEC                           | IALIZATION (                                    | Ecology,                          | etc.)                                    | WORKS   | SEMESTER (i       | .e. S22) |  |  |
| HIRING CONTACT DETAILS   |   |                                |   |                                   |  |         |                   |          |  |  |
| ORGANIZATION NAME  |   |                                | STREET ADDRESS                                  |                                   |  |         |                   |          |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
| UNIT/SUITE CITY  |   |                                | POSTAL COD                                      | E I                               | EMAIL                                    |         |                   |          |  |  |
| HIRING CONTACT NAME  |   | HIRING CONTACT JOB TITLE       |   |                                   |  |         |                   |          |  |  |
| PHONE  | ORGANIZATION'S  | WEBS                           | TE  |                                   |  |         |                   |          |  |  |
| Is Workplace Safety Insurance Board company's employees? If no, ask you insurance coverage. Students are en extended health insurance to determ Canada, Guard Me insurance is requi can be purchased by the student at t | or employer superviso<br>couraged to review th<br>nine if their coverage i<br>red, and local regulati | r for m<br>neir stu<br>is adeq | ore details if<br>dent health i<br>uate. For wo | they do<br>insurance<br>ork terms | not provide<br>e or family<br>outside of | nich    | YES               | NO       |  |  |
| JOB DETAILS  |   |                                |   |                                   |  |         |                   |          |  |  |
| ☐ Summer ☐ Fall ☐ Winter   | ☐ 4 months☐ 8   | hs□ 12 m                       | ☐ 12 months ☐ In-Person ☐                       |                                   |  |         | ☐ Remote ☐ Hybrid |          |  |  |
| WORK TERM SEMESTER   | DURATION OF WORK  | TERM                           |   |                                   |  |         |                   |          |  |  |
| START DATE (DD/MM/YYYY)  | END DATE (DD/MM,  | /YYYY)                         |   | HOU                               | RLY RATE                                 |         | HOURS PER WEEK    |          |  |  |
| CO-OP JOB TITLE  |   |                                |   | POS                               | SITION LOCAT                             | ION (ON | LY ENTER OI       | NE CITY) |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
|  |   |                                |   |                                   |  |         |                   |          |  |  |
| UNIQUE JOB REQUIREMENTS (i.e. Trav   | vel, Shift Work, Car Re   | quired                         | License, NS                                     | ERC, etc.)                        | )  |         |                   |          |  |  |
| ☐ JOB DESCRIPTION attache  | d in MS Word fo   | or ap                          | proval (  | requir                            | ed)                                      |         |                   |          |  |  |
| J. Sylvan  |   |                                |   |                                   | Jamed                                    | 2       |                   |          |  |  |
| STUDENT'S SIGNATURE  |   | -                              | _   | EMPLOY                            |  | URE     |                   |          |  |  |



### Contract of Employment

### Dear Adeoluwa Ojulari

This is a fixed-term four months student placement. The terms and conditions of your employment will be:

- Place of work Remote
- Hours of work 35 per week, Monday to Friday, 9:30am to 5:30pm, including 1 hour lunch break
- Salary Canadian \$ 17 per hour Fixed for the duration of your placement. Your monthly salary will be paid into you bank account on the last day of every month.
- Holiday entitlement 20 days per year (Pro rata) plus bank holidays. The holiday year runs from 1 January to 31 December
- Absence if you're absent from work for any reason you must inform Daniel Iona by email as soon as possible, but no later than 10am
- Sick pay you may be entitled to be paid if you're not able to work due to sickness or injury.
- Probationary period There will be no probationary period
- Performance management a review with Solomon Adeleke / line manager every month, with a full structured appraisal on the fourth month.
- Notice period Your employment with Cyraatek will be on a temporary basis, which means you and the department are free to terminate the employment relationship at any time for any reason.
- Grievances if you wish to raise a grievance, you should put it in writing to Solomon Adeleke / line manager. The full grievance policy and procedure in the [location will be sent to your official email address].
- Disciplinary rules and procedures [location of our disciplinary rules and procedures will be sent to your official email address]. If you're unhappy with any disciplinary decision taken in relation to you, you can appeal in writing to Director of operations (Samson Odunoye).