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## Work Term Agreement

Arts & Science Co-op Programs

1265 Military Trail, Toronto, Ontario M1C 1A4 | T: 416-287-7260 | F: 416-287-7273 | askcoop@utsc.utoronto.ca

Please return this form to the Arts & Science Co-op Office either fax or mail. Our contact information is outlined above.

**Student Name:** Yadi Lucy Xing **Program:** Computer Science  
**Employer Organization:** Karos Health  
**Student's Supervisor:** Mark Connolly **Title:** \_\_\_\_\_  
**Address:** 7 Father David Bauer Dr Suite 201  
**City:** Waterloo **Province:** ON **Postal Code:** N2L 0A2  
**Telephone #:** 519-594-0940x201 **Fax #:** N/A  
**Email & web address:** www.karoshealth.com skye.fleming@karoshealth.com  
**Number of Work Terms (check one option):** ☒ 1 ☐ 2 ☐ 3  
**Work Term Duration:** ☒ 4 months ☐ 8 months ☐ Other, please specify: \_\_\_\_\_  
**Start Date:** January 14/13 **End Date:** April 26/13  
**No. of Hours of Work per Week:** 40 **Rate of Pay:** \$800 per week  
(Hourly, weekly, bi-weekly, monthly or annual)

### Responsibilities of the Co-op Employer:

- Fill out a clearly defined job description(s) for the Co-op student(s), append it to this agreement and submit both by fax to the Co-op Office.
- Supervise and guide the student during the work term and report any problems to Co-op Office.
- Complete a mid-term evaluation form and final evaluation form and discuss them with the Co-op student. Then submit the forms to the Co-op Office by the dates indicated.
- Pay the student according to the rate of pay and hours of work outlined above.

*S. Fleming*  
Supervisor's Signature

Student's Signature