

WORK STATION CONFIRMATION For Adult Learning Centres 2008 – 2009



Tel: (204) 945-8247, 1-800-28208069, ext. 8247
COVER SHEET NOT REQUIRED
FAX no. (204) 948-1008

(Must accompany **Workers Compensation Board – Employer’s Accident Report** form, and be forwarded to Adult Learning and Literacy WITHIN 5 WORKING DAYS of the accident to ensure that the Adult Learning Centre will not incur financial penalties.)

DATE _____

ADULT LEARNING CENTRE NAME _____ ALC CODE _____

PROGRAM NAME English Français French Immersion Senior Years Technology Education

COURSE NAME (Subject Description) _____ COURSE CODE #

If course is a SIC / SIP, please provide SIC REGISTRATION # COURSE LEVEL

Date Registration forwarded to Department _____ Date of Accident: _____

SUPERVISING INSTRUCTOR (print name)
[person directly responsible for learners] _____ Telephone # _____ Fax # _____

SIGNATURE
 (of supervising instructor) _____ E-mail _____

LEARNER NAME		MET NUMBER, IF AVAILABLE	ESTIMATED TIME WITH HOST EMPLOYER(S)	
SURNAME	GIVEN NAME		BEGIN YY-MM-DD	END YY-MM-DD
(PLEASE PRINT CLEARLY OR TYPE)			(NO LATER THAN JUNE 30, 2009)	