

# WORK STATION CONFIRMATION

## 2017 – 2018

(Must accompany Workers Compensation Board - Employer's Incident Report Form, and be forwarded to Manitoba Education and Training **WITHIN 5 WORKING DAYS** of the incident, to ensure that the School Division will not incur financial penalties).



Tel.: 204-945-1037, 1-800-282-8069, ext. 1037

Email: [tve@gov.mb.ca](mailto:tve@gov.mb.ca) Fax No. 204-948-2344

DATE \_\_\_\_\_

SCHOOL DIVISION/DISTRICT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ SCHOOL CODE \_\_\_\_\_

CHECK  ONE OF:

English     Français     French Immersion

SELECT AREA OF STUDY:

Career Development     Senior Years Technology Education     Other

COURSE NAME (Subject Description) \_\_\_\_\_ COURSE CODE #

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

SUPERVISING INSTRUCTOR (pls. print name)

[person directly responsible for students] \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

SIGNATURE

(of supervising instructor) \_\_\_\_\_ E-mail \_\_\_\_\_

SIGNATURE

(of Principal or designate) \_\_\_\_\_ E-mail \_\_\_\_\_

STUDENT NAME		STUDENT NUMBER <small>(assigned by Manitoba Education and Training )</small>	ESTIMATED TIME WITH HOST EMPLOYER(S)	
SURNAME	GIVEN NAME		BEGIN YY - MM - DD	END YY - MM - DD
<small>( PLEASE Print CLEARLY or Type )</small>			<small>(No later than June 30, 2018)</small>	

Please Duplicate as Necessary

Forms also available on: [http://www.edu.gov.mb.ca/k12/policy/work\\_ed.html](http://www.edu.gov.mb.ca/k12/policy/work_ed.html)

**E-MAIL FORM**

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(of same Course Code # and Level #)