

WORK STATION CONFIRMATION 2009 – 2010



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

Tel.: (204) 945-7948, 1-800-282-8069, ext. 7948

(Cover Sheet NOT Required)



NOTE: NEW Fax No.: (204) 948-2344

DATE _____

SCHOOL DIVISION/DISTRICT _____

SCHOOL NAME _____ SCHOOL CODE _____

PROGRAM NAME English Français French Immersion Senior Years Technology Education

COURSE NAME (Subject Description) _____ COURSE CODE #

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

Date Registration forwarded to Department _____ Date of Accident: _____

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

SIGNATURE _____ E-mail _____
(of supervising instructor)

SURNAME	STUDENT NAME		STUDENT NUMBER <small>(assigned by Manitoba Education, Citizenship and Youth)</small>	ESTIMATED TIME WITH HOST EMPLOYER(S)	
	GIVEN NAME			BEGIN YY - MM - DD	END YY - MM - DD
	<small>(PLEASE Print CLEARLY or Type -- ONE Student per form)</small>			<small>(No later than June 30, 2010)</small>	