

WORK STATION CONFIRMATION 2011 – 2012



Education

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

(Cover Sheet NOT Required)

Fax No.: 204-948-2344

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

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 (of supervising instructor) _____ E-mail _____

STUDENT NAME		STUDENT NUMBER <small>(assigned by Manitoba Education)</small>	ESTIMATED TIME WITH HOST EMPLOYER(S)	
SURNAME	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, 2012)</small>	