EMPLOYER WORK AGREEMENT

Thank you for participating in the Alfred University Internship or Cooperative Education Program (Co-op). This document ensures that Alfred University and your organization are in agreement regarding the administration, types of supervision, work assignment/duties, and duration of the experience. Although university students are participating in an authorized school to work program, the sponsoring organization will treat students just as all other paid employees. In addition, sponsoring organizations are encouraged to have students’ complete technical agreements and employee conduct contracts. It is agreed that the attached job description represents a learning opportunity where the student will have an opportunity to contribute meaningful work to your organization in a supervised environment. **Please attach a copy of all internship or co-op job descriptions for which you are recruiting.**

PLEASE CHECK ONE

☐ Summer Internship  ☐ Spring & Summer Co-op  ☐ Summer & Fall Co-op
☐ Spring Semester Only Co-op  ☐ Fall Semester Only Co-op  ☐ Other_________________________

ORGANIZATION
NAME: ____________________________
MAILING ADDRESS: ____________________________
HIRING CONTACT: ____________________________

Telephone   Fax    Email Address

Description of Supervision to be provided:

I have read and agreed to the Alfred University Employer Guidelines for the Internship/Co-op Program.

Authorized Signature, Sponsoring Organization                        Date

Authorized Signature, Career Development Center                        Date

McComsey Career Development Center
Saxon Drive, Alfred NY 14802 (t) 607-871-2164 (f) 607-871-2791 (e) cdc@alfred.edu