

Alfred University

McComsey Career Development Center

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Summer Internship | <input type="checkbox"/> Spring & Summer Co-op | <input type="checkbox"/> Summer & Fall Co-op |
| <input type="checkbox"/> Spring Semester Only Co-op | <input type="checkbox"/> Fall Semester Only Co-op | <input type="checkbox"/> 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