

# APPENDIX 1

## FLEX HOUR FORM

This form is to be completed when a student is going to be working beyond the hours that are specified on the Worker Education Agreement. This form **must** be completed in advance and submitted to the Co-op Department prior to working the new hours.

### Student Information

Student Name:	Address:
Co-op Course Code:	Social Insurance Number:

### Placement Information

Work Placement Name:	Address:
Employer Name:	Telephone Number:

### Reason for Changing Hours

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### Adjusted Schedule

Date(s) (month/day/year)	From (a.m./p.m.)	To (a.m./p.m.)

### Signatures

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Co-op Teacher

\_\_\_\_\_  
Co-op Employer

*This will be attached to the Worker Education Agreement on file in the Co-op Office*