

## WORK TERM INFORMATION SHEET

**Please complete and return to Business Co-operative Education (busicoop@mun.ca) within the first week of the work term; please refer to the Work Term Diary (page 3). This information is ESSENTIAL in assisting Academic Staff Members in Co-operative Education, Business to schedule monitoring visits and develop up-to-date salary surveys.**

Student: \_\_\_\_\_

Office Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_

Finish Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

Name of Co-op Workplace Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Co-op Workplace Supervisor: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Address during Work Term:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Job Discipline (Tick one only)

- Accounting
- Auditing
- Entrepreneurship/Small Business
- Finance
- General Management
- Human Resources Management
- Information Systems
- International Business
- Labour Relations
- Marketing
- Supply Chain Management and Operations Management

### Sector (Tick one only)

- Provincial Government
- Federal Government
- Municipal Government
- Private
- Educational Institution
- Not For Profit
- Crown Corporation
- Other (please specify) \_\_\_\_\_

### Workplace Arrangement (Tick one only)

- In-person
- Hybrid
- Remote

What is your salary? (Complete one area below)

- |                                    | Amount |
|------------------------------------|--------|
| <input type="checkbox"/> Monthly   | _____  |
| <input type="checkbox"/> Bi-weekly | _____  |
| <input type="checkbox"/> Weekly    | _____  |