

## 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
- Finance
- General Business
- Human Resources and Labour Relations
- Information Systems
- International Business
- Marketing
- Operational Research
- Small Business/Entrepreneurship
- Supply Chain Management

### Sector (Tick one only)

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

Work Term Location: \_\_\_\_\_

What is your **gross** (before taxes) salary? (Complete one area below)

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