



ANNEX 21 – STAGE SUPERVISOR REQUEST FORM



If you were a stage supervisor as of August 30, 2023 and are a regular or temporary APPA employee with 5 years experience in the field you may be eligible for compensation.

**Please fill out all the fields below and email to appa_pic@emsb.qc.ca.
Incomplete forms will not be processed.**

EMPLOYEE SECTION

PERSONAL INFORMATION

Full name:
Employee number:
Dept./School/Centre:
Current Position:
Email Address:

STAGE INFORMATION

Education Institution:
Program:
Total hours of stage:
Start and end Date:

Education Institution contact person:
Education Institution contact information:

DOCUMENTATION TO PROVIDE

- Documentation from educational institution confirming all the information provided in the stage information section
- Documentation from educational institution with a description/expectation of the stage

CONFIRMATION

By signing this document, you are confirming that the above-mentioned information is accurate to the best of your knowledge.

Employee Signature _____ Date _____

PRINCIPAL / DIRECTOR SECTION

APPROVAL

FOR REQUESTS DATING FROM AUGUST 30, 2023

Your signature below indicates that you are confirming that the employee above was a stage supervisor in your school/centre/dept. on the dates listed above.

FOR NEW REQUESTS, you have the discretion to approve or deny this request based on the needs of the school/centre/dept. Should you approve this request, the above-mentioned employee will be responsible for a stage student for the duration of the stage (dates listed above).

- Approve / Confirm
- Deny

Principal or Director Signature _____ Date _____