

TRADING PLACES

SAMPLE SECONDMENT AGREEMENT

Between

The Consulting Engineers of British Columbia
and

The Ministry of Transportation



The following sets out the terms and conditions of this Secondment and the details of the assignment.

| 1. PARTICIPANT INFORMATION | | |
|----------------------------|------------------------|--------|
| Name | Base Organization Name | Branch |

| 2. SECONDMENT INFORMATION | | |
|---|---|--|
| Seconding Organization Name | Anticipated Duration To | Supervisor (Name & Title) |
| Working Location | Wage | Travel Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Extended <input type="checkbox"/> Short Notice |
| Staff Supervision <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No | Signing/Expense Authority <input type="checkbox"/> Yes <input type="checkbox"/> No | Vehicle Required <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Access to Confidential/Sensitive Info <input type="checkbox"/> Yes (add special provisions below) <input type="checkbox"/> No | Regulatory Role <input type="checkbox"/> Yes <input type="checkbox"/> No | Criminal Records Check Required (working with youth under 19) <input type="checkbox"/> Yes <input type="checkbox"/> No |

1. The salary indicated will be adjusted for any generally applicable increases during the term of the agreement.
2. Participants will continue to be employed by their base organization while on assignment. Vacation scheduled during the assignment period will be approved by the seconding organization.
3. For ministry participants FTE adjustment forms will be completed to credit the FTE burn back to the Ministry. This applies to both public and private sector organizations.
4. Travel and other expenses will be submitted to the seconding organization for payment. Expense rates are limited to the Ministry of Transportation established rates. Details will be determined as required on an assignment by assignment basis and included as an attachment (H0461c or H0461c-1).
5. WCB and Occupational Health & Safety Regulations will be followed and participant will be appropriately oriented.
6. The base organization will be informed as soon as possible regarding any dispute related to terms and conditions of employment.
7. Insurance shall be in accordance with Appendix A – Confidential Risk Review (attached)
8. This agreement may be extended to a total period not to exceed 12 months with the agreement of all parties.
9. This agreement may be cancelled with 4 weeks notice by either of the parties, or as mutually agreed to by both parties.
10. At the end of the assignment the participants will return to their base organization in the same or similar position.
11. This agreement may be subject to verification/audit.
12. _____
13. _____
14. _____

| 3. SIGNATURES | | | |
|-----------------------------------|-------|---|-------|
| Name, Title Organization, CEBC | | Name, Title Organization, Ministry of Transportation | |
| _____ | _____ | _____ | _____ |
| Signature | Date | Signature | Date |

Trading Places – Secondment Agreement

| 4. ASSIGNMENT DETAILS | | | | |
|--|---|---------------------------------------|-------------------------------|------------------------------------|
| Objective | Rating by Supervisor Date: _____ | | | |
| Short Term | <input type="checkbox"/> did not meet <input type="checkbox"/> met <input type="checkbox"/> exceeded <input type="checkbox"/> unable to assess | | | |
| Mid Term | <input type="checkbox"/> did not meet <input type="checkbox"/> met <input type="checkbox"/> exceeded <input type="checkbox"/> unable to assess | | | |
| Long Term | <input type="checkbox"/> did not meet <input type="checkbox"/> met <input type="checkbox"/> exceeded <input type="checkbox"/> unable to assess | | | |
| Long Term | <input type="checkbox"/> did not meet <input type="checkbox"/> met <input type="checkbox"/> exceeded <input type="checkbox"/> unable to assess | | | |
| 5. SIGNATURES – supervisor and participating employee | | | | |
| _____ Signature | _____ Date | | | |
| _____ Signature | _____ Date | | | |
| 6. PARTICIPANT PERFORMANCE EXPECTATIONS – to be initialed by participating employee | | | | |
| Expectation | Initials | | | |
| Confidentiality You understand your role as a seconded employee, your Oath and the Standards of Conduct expected of you. | | | | |
| Job Knowledge You have a clear understanding of your own duties and how they relate to others in the office/crew. You have an understanding of the responsibilities of other staff in the office/crew. You have been advised of and understand workplace safety and preventative measures. | | | | |
| Attitude You recognize your position and role as part of a larger team and assist others in the completion of their tasks. You will cooperate with all co-workers to ensure that high performance standards are maintained. You will maintain a positive outlook on policy, programs and functions of the employer. You are willing to work outside of normal business hours and recognize that you will be required to work outside during periods of inclement weather and/or on rough terrain. | | | | |
| Work Habits You will be regular and punctual in your attendance and you will ensure that your supervisor is aware of anticipated absences whenever possible, and if possible provide a return to work date. You will build good relationships with other staff and assist others whenever possible. You will ensure compliance with safety rules and regulations. You will use the employers' property, supplies and equipment with care and for work related uses only. You will use your time constructively. You will ask questions when you need clarification. | | | | |
| Client Service You will interact with clients in a friendly business-like and professional manner. | | | | |
| 7. SECONDMENT OVERALL RATING – to be assigned by the supervisor at the end of the assignment | | | | |
| <input type="checkbox"/> Unacceptable | <input type="checkbox"/> Poor | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Supporting Rational by Supervisor | | Participant Comments | | |
| | | | | |

Copies: Participant, Seconding Organization, Base Organization