

STEP Position Title: _____ STEP Position Number: STEP - _____

Employee Name: _____

Name of Organization: _____

Employer Contact Name: _____

Claim Period Start Date	Claim Period End Date	Hourly Wage	Total Hours Worked	Statutory Holiday Hours Paid	Total Hours Paid
YYYY/MM/DD	YYYY/MM/DD				

IS PROOF OF PAYROLL ATTACHED? Record of Employment must accompany final form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed and submitted your employer survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive funding from any other source for this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In accordance with the Agreement with the Yukon Government, I certify that the information provided above is TRUE and CORRECT to the best of my knowledge and further certify that the EMPLOYEE for which this subsidy is claimed **has been/will be paid** their total earnings for the employment period indicated.

Employer Signature

Name

YYYY/MM/DD

Date

OFFICE USE ONLY	
Payment:	_____
Contract:	_____
Date:	_____
Signature:	_____
<small>EMPLOYMENT PROGRAMS OFFICER</small>	
Record of Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Surveys	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Hours at _____ = _____	
Total Subsidy = _____	
Less Advance = _____	
Subsidy Remaining = _____	