

SUMMER CAREER PLACEMENT CLAIM FORM

Name of Organization: _____

SCP Job Title: _____

Employee 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 the claim form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any funding from other sources for this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In accordance with the Agreement with the Government of Yukon, 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

Print Name

YYYY/MM/DD

Date

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

Please use one Claim Form per employee