



SUMMER CAREER PLACEMENT CLAIM

Name of organization: _____

SCP job title: _____

Employee name: _____

Use one claim form per employee

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

Date

OFFICE USE ONLY		Total hours approved = _____
Payment: _____	Contract: _____	Total approved subsidy = _____
Date: _____	Signature: _____ <small>EMPLOYMENT PROGRAMS OFFICER</small>	____ hours at _____ = _____
Record of employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Less advance = _____
Release payment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Final payment = _____