

Ce formulaire est aussi disponible en français

(for \$2/hr Hiring Incentive)

Instructions:

- Use a separate Employer Claim Form for each position subsidized through the Summer Jobs Service (SJS)
- All Employer Claim Forms must be submitted within three weeks after the job placement ends or OCTOBER 15 of the year whichever comes first
- Submit the Employer Claim Form to the Service Provider identified on your SJS Employer Application/Contract
- Use the record identifier noted on your SJS Employer Application/Contract. (Designated by your Service Provider on page 1, section 2, of your SJS Employer Application/Contract)
- In order to claim the hiring incentive, both the Employer and the SJS Participant must certify hours, days, and weeks worked.

SECTION 1: EMPLOYER PROFILE (To be completed by the Employer)

Employer/Company name

Address (number and street)

City, Town or Post Office

Province

Postal code

Nearest major intersection

Contact name

E-mail address

Telephone number

FAX number

Claim Information

 Is this the FINAL CLAIM for this position? Yes No

 Record identifier (page 1, Section 2 of
your Employer Application):

Name of SJS Participant to whom this claim applies:

Hours, days and weeks worked MUST be verified below by the SJS Participant

 First day worked *day month year*
(from this claim):

 Last day worked *day month year*
(for this claim):

Number of weeks worked:

Number of hours worked:

**I certify that the information on the hours,
days and weeks I have worked is true.**
X

Signature of SJS Participant

SECTION 2: NOTICE OF COLLECTION AND CONSENT

Your Service Provider is funded to deliver the Summer Jobs Service (SJS), including the SJS Hiring Incentive, by the Ministry of Training, Colleges and Universities (Ministry). Your Employer is required to provide your Service Provider with proof of payment on this form in order to receive the SJS Hiring Incentive and your Service Provider is required to account to the Ministry for its administration of the SJS Hiring Incentive. The Ministry will use the personal information provided on this form and in all other communications relating to the SJS Hiring Incentive to administer and fund SJS, including the SJS Hiring Incentive. By signing below, I give consent to the Ministry to indirectly collect and use this personal information for these purposes.

The Ministry collects your personal information in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.O.S. 1990, c. F.31, as amended. For more information about the collection and use of your personal information to administer and finance SJS you can write to the Manager, Employment Ontario Hotline, Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M4W 3H1 or by call 1-800-387-5656 or visit <http://www.edu.gov.on.ca/eng/tcu/threeWays.html>

Signature of SJS Participant

Date

X

I am authorized to act on behalf of the Employer. The information provided on this form is complete and accurate and the claim is authorized under the Terms and Conditions of the SJS Employer Application/Contract

Signature of Employer

Date

X
**FOR SERVICE
PROVIDER USE ONLY**

Record identifier:

Amount owing:

Approval:

Date: (day/month/year)