



CANADA SUMMER JOBS (CSJ) PAYMENT CLAIM AND ACTIVITY REPORT

PROTECTED WHEN COMPLETED- B

1 CSJ file number		2 Period covered by this claim (inclusive period of participants working) YYYY-MM-DD To YYYY-MM-DD		Official use	
3 Is the address shown below different from that last reported by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		4 Is this your final claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please also complete the Activity Report on page 2 of this form.		102 Cost Center	
5 Was a participant with a disability hired for any CSJ position(s)? If yes, please indicate the job title and employee name.		<input type="checkbox"/> Yes <input type="checkbox"/> No		123 Date of Receipt (YYYY-MM-DD)	
Job title:		Name:		122 Doc. no. 1	
TYPE 2	6 Name of employer (Organization common name)				
	7 Mailing address				
	8 City/town		9 Province/territory		10 Postal code
	11 Name of contact person		12 Area code - telephone number		

Wage costs

Job Title	Period of work		No. of weeks per participant	Total hours per participant	Hourly rate paid to participant	Hourly rate of ESDC Contribution approved per participant	Claimed for this period (to nearest dollar)	Official use (amount eligible for this claim)	
	From	To						Internal Order	
Employee name	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Type 4 Col 7 (Col 4 X 6)		
Sub total							13		
14 For not-for-profit organization only mandatory employment related costs (MERCs)	E.I. premiums								
	C.P.P./Q.P.P. contributions								
	Vacation pay								
	Health or education tax (if applicable)								
	Worker's compensation or liability insurance (if applicable)								
	Others (eg. Parental Insurance)								
MERCs sub total							15		
16 Overhead costs									
Overhead sub total							17		
Grand total [boxes 13 + 15 + 17]							18		
Less advance							19		
Total							20		

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21 Have all CSJ employee(s) received all information concerning health and safety standards and regulations regarding their work environment and if necessary, safety equipment required for their job?

Yes No

Please explain

22 Briefly describe the duties performed by the participant(s) during their CSJ work experience. (If 4 or more youth were employed at your organization, include the additional participants on a separate form).

Job title:

Participant's name

Supervisor's name:

Duties performed

Job title:

Participant's name

Supervisor's name:

Duties performed

Job title:

Participant's name

Supervisor's name:

Duties performed

Job title:

Participant's name

Supervisor's name:

Duties performed

23. How many of your CSJ-funded employees did you retain as employees following the end of your CSJ agreement?

24 Employer Questionnaire

It is mandatory to have completed the employer questionnaire prior to submitting your final claim. Please provide the tracking number you received after completing your CSJ Employer Questionnaire.

25 Recipient (employer) Certification

I certify that the information is true and correct to the best of my knowledge and claimed in accordance with the agreement and I am authorized to sign on behalf of the employer.

I certify that I have asked participants to complete the participant questionnaire to report on their experience with the Canada Summer Jobs program.

NOTE: The information provided in this application will be administered in accordance with the *Privacy Act* and the *Access to Information Act*.

Signature

Date (YYYY-MM-DD)

Area Code/Telephone No. (for enquiries)

Print Name and Position

Additional signature when required:

Signature

Date (YYYY-MM-DD)

Area Code/Telephone No. (for enquiries)

Print Name and Position

145	Official use		
Type 3	Cheque stub information		
Expenditure	Certified pursuant to Section 34 of the FAA.		
Signature	Authorized officer (Signature)	Date	Print Name and Title
Date			
The pre-audit has been performed and is accurate.		Pre-audit performed by: (Signature)	System Approval (Signature)
_____ Manager, Corporate Services/ Chief, Administrative Services (Signature)		_____	_____
		Date	