



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 102 Cost Center
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.	122 Doc. no. 1
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 Job title: _____ Name: _____		123 Date of Receipt (YYYY-MM-DD)
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							Official use (amount eligible for this claim)		
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)		Internal Order
	From	To					Type 4		
Employee name	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	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			

CANADA SUMMER JOBS (CSJ) ACTIVITY REPORT

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 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 completed the mandatory CSJ employer surveys provided by ESDC.

I certify that I have asked participants to complete the participant survey 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

Cheque stub information

Type
3

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