



**CANADA SUMMER JOBS (CSJ) PAYMENT CLAIM AND ACTIVITY REPORT**

PROTECTED WHEN COMPLETED- B

<b>1</b> CSJ file number <div style="text-align: right;">▶</div>	<b>2</b> Period covered by this claim (inclusive period of participants working) YYYY-MM-DD To YYYY-MM-DD	<b>Official use</b> <b>102</b> Cost Center
<b>3</b> Is the address shown below different from that last reported by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4</b> 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.	<b>122</b> Doc. no. <span style="float: right;">1</span>
<b>5</b> 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: _____		<b>123</b> Date of Receipt (YYYY-MM-DD)

<b>TYPE</b>	<b>6</b> Name of employer (Organization common name)		
<b>2</b>	<b>7</b> Mailing address		
	<b>8</b> City/town	<b>9</b> Province/territory	<b>10</b> Postal code
	<b>11</b> Name of contact person	<b>12</b> 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)	
<b>Sub total</b> ▶							13		
<b>14</b> 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)								
<b>MERCs sub total</b> ▶						15			
<b>16</b> Overhead costs									
<b>Overhead sub total</b> ▶						17			
<b>Grand total [boxes 13 + 15 + 17]</b>						18			
<b>Less advance</b>						19			
<b>Total</b>						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	<b>Official use</b>		
<b>Type 3</b>	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	