COOPERATIVE EDUCATION INCENTIVE/ STUDENT SUMMER SKILLS INCENTIVE

PAY DECLARATION

Organization Name:		Agreement ID:
Student Name:		Position Title:
Student's First Day of Work:	Student's Last Day of Work:	Hourly Wage Paid to Student:
Total Hours Worked*:	Total Gross Pay*: (YTD on last pay cheque)	Total Vacation Pay*: (YTD on last pay cheque)

STUDENT

I confirm I worked the hours shown and earned these wages.

_____ _____

Signature (in ink or Adobe Digital ID only) Date:

EMPLOYER

I affirm that:

- ☐ The information above is correct and complete to the best of my knowledge.
- ☐ If selected for audit, I will be required to provide evidence to support the information above.
- ☐ My organization did not receive any other government funding for this position.

_____ _____

Signature (in ink or Adobe Digital ID only) Date:

* Include only wages earned during the eligible term dates – see the guidelines for details.

SKILL: April 15 to August 31

Co-op: April 1 to August 31
September 1 to December 31
January 1 to April 30

For information on creating and using an Adobe Digital ID, visit:
https://helpx.adobe.com/ca/acrobat/using/digital-ids.html