



Ministry of Training,  
Colleges and Universities

**EMPLOYMENT  
ONTARIO**

# Summer Jobs Service (SJS) Employer Claim Form

(for \$2/hr Hiring Incentive)

**Instructions:**

*form also available in French*

- Use a separate Employer Claim Form for each position subsidized through the Summer Jobs Service (SJS).
- All Employer Claim Forms must be submitted no later than OCTOBER 15 of the year or within 15 days after the subsidized employment period ends.
- Submit the Employer Claim Form to the Delivery Agency identified on your SJS Application/Contract.
- Use the record identifier noted on your SJS Application/Contract. (Designated by your Delivery Agency on page 1, Section 2, of your Employer Application)
- **In order to claim the hiring incentive, the employee/youth must certify hours, days, and weeks worked.**

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

Employer/Company name	Contact Name		
Address (number and street)	City, town or post office	Province	Postal code
	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 employee to whom this claim applies:

**Hours, days and weeks worked MUST be verified below by the employee/youth**

First day worked (for this claim): (DD/MM/YYYY) Last day worked (for this claim): (DD/MM/YYYY)

Number of weeks worked : Number of hours worked :

**I certify that the information on the hours, days and weeks I have worked is true.**  \_\_\_\_\_  
Employee's signature

**SECTION 2: NOTICE OF COLLECTION AND CONSENT**

The Ministry of Training, Colleges and Universities provides funding to your Delivery Agency to provide the Summer Jobs Service. Your Employer is required to provide your Delivery Agency with the proof of payment on this form in order to receive the Summer Jobs Service Hiring Incentive. Your Delivery Agency has contracted with the Ministry to provide reports about the service it has provided to you, your satisfaction with the service, and other aspects of your educational and training experiences that will enable the Ministry to administer, fund, evaluate and monitor the services and to plan and deliver job training programs and services. The reports will identify you by a computer generated number but the Ministry will not collect your name or address. Your Delivery Agency has also contracted with the Ministry to allow the Ministry to review, inspect, monitor and audit its delivery of the service and administration of the funding and to do this the Ministry may need to have access to all personal information collected by your Delivery Agency, including your name and address, but only if an audit is conducted. By signing below, I give consent to the Ministry to indirectly collect and use personal information about me for these purposes.

The personal information collected and used by the Ministry is necessary to the proper administration of the Summer Jobs Service, in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31, as amended. Questions about the collection and use of your personal information may be addressed to: Director, Service Delivery Branch, Ministry of Training, Colleges and Universities, 33 Bloor St. E. Suite #200, Toronto, Ontario, M7A 2S2, or by phone at (416) 314-4268.

\_\_\_\_\_ Date (DD/MM/YYYY)

Employee's signature

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 Employer Application/Contract.

\_\_\_\_\_ Date (DD/MM/YYYY)

Employer's signature

<b>FOR AGENCY USE ONLY</b>	Record identifier	Amount owing
	Approval	Date