

2009 Co-operative Employment Program—Fall

FINAL CLAIM FORM

PROJECT FILE#: 2009 _____

[Please print or type]

Name of hiring organization (as written on *Approval Letter*)

Division/Department (as written on *Approval Letter*), if applicable

If not submitting a Record of Employment, please sign here to signify that the student remains employed with your organization.

Signature: _____ Date: _____

Amount requested: \$ _____

The Final Claim will be mailed to the address that was provided upon application.

Signature _____ Date: _____
(Contact person)

*Include the *Payroll Record* form and a photocopy of the *Record of Employment* form, (if the student is being terminated), when returning this form by **January 18, 2010**.

How to contact us —

By Mail:

Co-operative Employment Program
Economic and Rural Development
PO Box 2311
Halifax, NS B3J 3C8

By Courier:

Co-operative Employment Program
Economic and Rural Development
1660 Hollis Street, Suite 600
Halifax, NS B3J 1V7

By phone or E-mail:

Toll-free: 1-800-424-5418
Local: (902) 424-6000
Fax: (902) 424-0508
E-mail: sepinfo@gov.ns.ca

Website: www.gov.ns.ca/econ/sep