

**2009 Co-operative Employment Program—Fall
CONTRACT**

It is understood that:

- (1) Nova Scotia Economic and Rural Development (NSERD) will issue a wage rebate of \$8 per hour to **non-profit** organizations
Or
50% of the hourly wage up to \$7 per hour to **municipal governments** and **government-funded organizations**.
- (2) the wage rebate will be issued to an organization having employed a co-operative student(s) enrolled in a recognized Nova Scotia post-secondary program as determined by NSERD.
- (3) the wage rebate will be issued if a student works at least the approved hours set out by their Co-op institution, as accepted on application form.
- (4) the wage rebate is eligible between **August 31 and December 18, 2009**.

It is understood that I, the employer, agree to:

- (5) pay the student(s) hired their full wage, as indicated on our application.
- (6) pay the student(s) 4% vacation pay in addition to the hourly rate of pay stated on the application.
- (7) be responsible for paying the employer's share of Employment Insurance, Canada Pension contributions and Workers' Compensation coverage.
- (8) ensure that appropriate deductions for Employment Insurance, Canada Pension and Income Tax are made from student's pay and remitted to the Canada Revenue Agency.
- (9) keep copies of all documents for audit purposes.
- (10) ensure that any funds advanced from the NSERD are held in trust for the payroll of the approved student(s).
- (11) supervise all student(s) and accept that failure to do so may result in project termination.
- (12) adhere to the *Nova Scotia Occupational Health & Safety Act* as administered by the Nova Scotia Department of Environment and Labour. Where applicable, searches under the Child Abuse Register (reference Sections 62-66 of the *Children and Family Services Act*) will be performed before the student(s) start the work term.
- (13) ensure that the student's duties match the position(s) specified in the approval letter.
- (14) comply with all conditions and requirements as set out here. This project can be terminated at any time if these terms are ignored.
- (15) ensure that at least 2 signing authorities, designated on this document, can be reached between 8:30am-4:30pm, one is responsible for finances.
- (16) ensure that only the two persons named on this form are approved to speak to Student Employment Program staff about this wage rebate.
- (17) ensure that all required financial documents will be sent to the Student Employment Program Office by the post marked deadline of:
January 18, 2010.

OVER →

**2009 Co-operative Employment Program—Fall
CONTRACT (continued)**

I have read and accept all responsibilities of the program. I agree to comply with these terms and conditions. I will send this form, with original signatures, to the Co-operative Employment program no later than 10 business days after the date on the *Approval Letter*.

Name of Organization (as stated on the *Approval Letter*):

Division/Department: (as stated on the *Approval Letter*):

Project file #: 2009 _____

I, _____

Contact Person/Signing Authority
Please Print

Signature of Contact

Date Signed

Hereby authorize the following person to **SHARE** signing authority for this project.

Name: _____

2nd Contact Person /2nd signing authority
Please print

Daytime phone #: _____

e-mail: _____

Any change in the above information, requires an amended copy of this agreement to be **forwarded immediately** to:

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

Should the main contact need to be replaced, advise our office immediately.
Toll Free: 1-800-424-5418 or Halifax Area: 424-6000

Note: Payment will not be issued if forms are **signed by anyone other than the Contact person or 2nd Contact person on this form.**

Each person being given signing authority must **sign** this contract.

Signature of Contact person: _____

Date signed: _____

Signature of 2nd Contact person: _____

Date signed: _____