

Please print clearly. Employer must submit this form by October 5, 2009

Organization Name: _____
 Name of Student: _____

Position Title: _____
 Social Insurance #: _____

| Week Ending | (Student # of hours worked per day) Hours per day | | | | | | | A Hr/Wk | B Rate/HR | C Gross Pay | D Vac Pay | E CPP | F EI | G Income Tax | H Net Pay | Missed Work? (Give reasons) | |
|----------------------------|--|---|---|---|---|---|---|------------|--------------|----------------|--------------|----------|---------|-----------------|--------------|--------------------------------|--|
| | S | M | T | W | T | F | | | | | | | | | | | |
| 2009 | | | | | | | | | | | | | | | | | |
| Apr26-May 2 | X | | | | | | | | | | | | | | | | |
| May 3-9 | | | | | | | | | | | | | | | | | |
| May 10-16 | | | | | | | | | | | | | | | | | |
| May 17-23 | | | | | | | | | | | | | | | | | |
| May 24-30 | | | | | | | | | | | | | | | | | |
| May 31-Jun 6 | | | | | | | | | | | | | | | | | |
| Jun 7-13 | | | | | | | | | | | | | | | | | |
| Jun 14-20 | | | | | | | | | | | | | | | | | |
| Jun 21-27 | | | | | | | | | | | | | | | | | |
| Jun 28-Jul 4 | | | | | | | | | | | | | | | | | |
| Jul 5-11 | | | | | | | | | | | | | | | | | |
| Jul 12-18 | | | | | | | | | | | | | | | | | |
| Jul 19-25 | | | | | | | | | | | | | | | | | |
| Jul 26-Aug 1 | | | | | | | | | | | | | | | | | |
| Aug 2-8 | | | | | | | | | | | | | | | | | |
| Aug 9-15 | | | | | | | | | | | | | | | | | |
| Aug 16-22 | | | | | | | | | | | | | | | | | |
| Aug 23-29 | | | | | | | | | | | | | | | | | |
| Aug 30-Sep4 | | | | | | | X | | | | | | | | | | |
| TOTAL EACH COLUMN ► | | | | | | | | | | | | | | | | | |

My first day of work: dd ____ mm ____ yy _____

My last day of work: dd ____ mm ____ yy _____

**See example of a *PAYROLL RECORD* on the back of this form ►►►

I verify that these are the hours I worked this summer:

Student's signature: _____ Date: dd ____ mm ____ yy _____ Contact's signature: _____ Date: dd ____ mm ____ yy _____

Is the student being kept on staff after the work term? Yes No : **If not**, include a photocopy of his/her **Record of Employment** with this form for claim.

Some examples:

| Week ending | (Student # of hours worked per day) hours per day | | | | | | | A hr/wk (Total of hrs/day) | B rate/hr | C gross pay (hrs x rate) | D vacation pay (gross x 4%) | E CPP (-) | F EI (-) | G Income tax (-) | H net pay | Missed Work? (Give reasons) |
|--------------|--|---|---|---|---|---|---|-------------------------------------|--------------|--------------------------------|---|-----------------|----------------|---------------------------|--------------|--------------------------------|
| | S | M | T | W | T | F | S | | | | | | | | | |
| Apr 26–May 2 | X | 7 | 7 | 7 | 7 | 7 | | 35 | \$10 | \$350 | \$14 | \$17.33 | \$9.17 | -- | \$337.50 | |

To calculate the gross pay: Multiply **hr/wk** by the **rate/hr** or **(A X B = C gross pay)**

To calculate the vacation pay: Multiply the **gross pay** by **4%** or **(C X 4% = D vacation pay)**

To calculate the net pay: Add **gross pay** to **vacation pay**, subtract **CPP, EI & Income tax** or **(C + D – E – F –G = H net pay)**

NOTE: Deduction amounts will depend on the rate of pay.

| Week ending | (Student # of hours worked per day) hours per day | | | | | | | A hr/wk (Total of hrs/day) | B rate/hr | C gross pay (hrs x rate) | D Vacation pay (gross x 4%) | E CPP (-) | F EI (-) | G Income tax (-) | H net pay | Missed Work? (Give reasons) |
|--------------|--|---|---|---|---|---|---|-------------------------------------|--------------|--------------------------------|---|-----------------|----------------|---------------------------|--------------|--------------------------------|
| | S | M | T | W | T | F | S | | | | | | | | | |
| Apr 26–May 2 | X | 7 | X | 7 | 7 | 7 | | 28 | \$10 | \$280 | \$11.20 | \$13.86 | \$7.34 | -- | \$270 | Jane was sick on Tues May 2 |

If the student misses a day of work it must be recorded and a reason must be indicated on the **Payroll Record** form.

Should you require assistance completing the **Payroll Record** form, please contact us:

How to contact us —

By Mail:

Co-operative Employment Program
NS Economic and Rural Dev
P.O. Box 2311
Halifax, NS B3J 3C8

By Courier:

Co-operative Employment Program
NS Economic and Rural Dev
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