

2009 Research and Development Co-operative Employment Program - Summer

Final Claim

PROJECT FILE#: 2009 _____

[Please print or type]

Name of hiring organization

Division/Department

Amount requested: \$ _____

Final Claim will be mailed to the address that was provided for the **Approval Letter**.

Signature _____ Date: _____
(Contact person on Contract)

- Attach: 1. **Payroll Record** form
2. **Record of Employment** (if student is no longer employed with your organization)

Return these forms by **October 5, 2009**

How to contact us —

By Mail:

Economic and
Rural Development
R & D Co-operative Employment Program
P.O. Box 2311
Halifax, NS B3J 3C8

By Courier:

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

By Phone, Fax, 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/employment