

2009 Student Career Skills Development Program – Summer

Employer Checklist

Please check each step when completed and keep this list in your file for reference.

- Step 1 Sign **Contract** and return within 10 days of the **Approval Letter**.
- Step 2 Read **Operational Guidelines**.
- Step 3 As soon as the student is hired; have him/her complete the student section of the **Student Confirmation** form. Fill out the Employer section and sign, date, and return to our office within 5 days of hiring the student.
- Step 4 If an advance is being requested, fill out the **Advance Request** form and send it in at the same time as the **Student Confirmation** form.
- Step 5 Give the student(s) a copy of the **Student Guidelines** and **Student Time Sheet**.

Final Claim Steps:

- Step 1 Complete **Payroll Record** form.
- Step 2 Have the student verify their hours worked by signing and dating the **Payroll Record** form on the last day of employment.
- Step 3 Complete **Final Claim** form.
- Step 4 Submit a photocopy of the student's **Record of Employment** if he or she is finished working with your organization. Forms and instructions are available from your local Service Canada Office (website: www.hrsdc.gc.ca).
*If the student is continuing their employment, please indicate this on the **Payroll Record** form.
- Step 5 To claim wage rebate, please submit all three above forms postmarked by **October 5, 2009** to:

How to contact us —

By Mail:

Student Employment Program
Economic and Rural Development
P.O. Box 2311
Halifax, NS B3J 3C8

By Courier:

Student 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

2009 Student Career Skills Development Program—Summer

Operational Guidelines

1. Hiring:

- a) Employee must be a full-time student and Proof of Eligibility must be obtained and kept on file.

Category of Student	Proof of Eligibility Required
Attending a post secondary institution and returning to the same institution in the fall	Copy of marks
Attending one post secondary institution and transferring to another in the fall	Copy of marks & acceptance letter
Grade 12 graduate and attending post secondary institution in the fall	Copy of marks or certificate & acceptance letter

- b) The student must not displace any existing employees.
- c) The student cannot be a family* member of the project **contact person**, **2nd contact person**, or the chairperson of the board, or a senior administrator.

***Family includes: the employer, or his/her spouse; their child, ward, parent, sister, brother, grandparent, grandson or grand daughter, aunt, uncle, niece, or nephew. If you are not sure if the student qualifies, please contact us.**

2. Payroll:

- a) The employer must pay the student a **minimum of \$10.00 per hour plus 4% vacation pay**. The employer is also responsible for: income tax deductions and the employer's share of Employment Insurance (E.I.) and Canadian Pension Plan (CPP) premiums.

You must provide Workers' Compensation coverage if hiring 3 or more students – Please call 1-800-870-3331 for Workers' Compensation inquiries.

- b) The wage rebate is paid for the number of weeks approved in the **Approval Letter**.
- c) The **Payroll Record** form must be maintained and submitted with the **Final Claim** form and a copy of the student's **Record of Employment**. The **Payroll Record** will not be accepted without the student's signature.
- d) These forms must be post marked by October 5, 2009.

3. Advance:

To apply for an advance payment, complete the **Advance Request** form.

Operational Guidelines

4. Income Tax:

The employer is responsible for having the student complete a **Personal Tax Credits Return (TD-1)** form if the student is claiming anything other than the basic personal exemption. Form is available from the Canada Revenue Agency: 1-800-267-6999 or visit: <http://www.cra-arc.gc.ca/E/pbg/tf/td1/README.html>

This form is to be kept in the student's personnel file and at the end of the student's placement, copied and the original sent to: Canada Revenue Agency Tax Centre, PO Box 12072, STN A, St. John's, NL, A1B 3Z2

5. Holiday and Sick Days:

The employer should refer to the policies of their organization and **adhere to the Nova Scotia Labour Standards Code** website. <http://www.gov.ns.ca/lwd/employmentrights/>

6. Claim for Wage Rebate:

Return the following 3 forms by October 5, 2009

- a. **Final Claim** form
- b. **Payroll Record** form
- c. A copy of the student's **Record of Employment** (keep a copy for your records)

7. Record of Employment:

By federal law, the employer must provide each student with a **Record of Employment** within five (5) days of completion of employment. Forms and instructions are available from your local Service Canada office or visit the website: www.hrsdc.gc.ca.

Note: If a student is to remain on staff after the program end date, indicate this in the space provided on the **Final Claim** form and the **Payroll Record** form.

8. T-4 Slips:

By federal law employers are responsible for issuing the Canada Revenue Agency T-4 information upon completion of student's employment with your organization.

These forms can be found online http://www.cra-arc.gc.ca/E/pbg/tf/f4_flat/README.html or by phone 1-800-959-2221.

9. Project Evaluation:

An **Evaluation** form may be sent to you. We appreciate your assistance.

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2009 Student Career Skills Development Program—Summer Student Guidelines

Please give a copy of this form to each student

a) Hiring

You must be a full-time student; Proof of Eligibility must be provided and given to your employer to be kept on file.

Category of Student	Proof of Eligibility Required
Attending a post secondary institution and returning to the same institution in the fall	copy of marks
Attending one post secondary institution and transferring to another in the fall	copy of marks & acceptance letter
Grade 12 graduate and attending post secondary institution in the fall	copy of marks or certificate & acceptance letter

Your employer is responsible for hiring you and has the authority to dismiss you for valid reasons.

b) Social Insurance Number

It is your responsibility to have a social insurance number (SIN).

c) Pay cheques

Your employer is responsible for paying your wages **plus** 4% vacation pay. The details of payment should be discussed with your employer when you are hired.

Visit the Labour Standards website <http://www.gov.ns.ca/lwd/employmentrights/> for more information on employment relationships, including standard holidays.

d) Record of Employment (separation slip)

Federal law requires an employer to provide you with a completed **Record of Employment** within 5 working days of termination of employment.

e) Workers' Compensation

The *Workers Compensation Act* requires organizations employing 3 or more workers at the same time to register for coverage. All accidents should be reported to your employer immediately. Call 1-800-870-3331, or visit www.wcb.ns.ca/new/workers.php for more information.

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

Student Time Sheet – Summer 2009

**Note: It's smart to keep track of your hours.
Keep this for your records.**

Name of Student: _____ SIN: _____

Organization: _____ Project File#: 2009 _____

Week Ending	SUN	MON	TUE	WED	THU	FRI	SAT	Hrs/Wk
Apr 19-25								
Apr 26-May 2								
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-Sep 4								
							TOTAL HOURS	

2009 Student Career Skills Development Program—Summer

ADVANCE REQUEST FORM

PROJECT FILE#: 2009_____

[Please print or type]

Name of hiring organization (as stated in **Approval Letter**)

Division/Department (as stated in **Approval Letter**), if applicable

Advance requested: \$_____ (Up to a maximum of 60% of approved funding)

The **Advance** will be mailed to the address shown on the **Approval Letter**.

Signature _____
(Contact Person on Contract)

Date _____

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2009 Student Career Skills Development Program—Summer

Student Confirmation Form

PROJECT FILE#: 2009 _____

Must be completed by *the student and employer* within 5 days of first day worked.

[Please print or type]

STUDENT— please complete this section, sign it, and then give it to your employer

Last Name	First Name	Initial
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mailing Address	Street Number / PO Box	City/Town
<input style="width: 100%;" type="text"/>		
Home Telephone #		E-mail Address
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Social Insurance Number	Date of Birth	Sex
<input style="width: 95%;" type="text"/>	dd: mm: yy:	M <input type="checkbox"/> F <input type="checkbox"/>
Name of Educational Institution you will be attending in the Fall		Field of study/ program of study
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Student Number	Start date at this institution	Date you expect to graduate
<input style="width: 95%;" type="text"/>	dd: mm: yy:	dd: mm: yy:

I confirm the above information is correct. I provided my employer a copy of my **Letter of Acceptance** to the institution noted above. I give permission for a copy of my **Record of Employment** to be sent to the Student Career Skills Development Program for wage reimbursement claim.

Signature of Student	Date
<input style="width: 95%;" type="text"/>	dd: mm: yy:

EMPLOYER—Please complete this section, sign it, and **send** it to the Student Career Skills Development Program **within 5 working days of student start date.**

Name of hiring organization		
<input style="width: 100%;" type="text"/>		
Division/Department, If applicable		
<input style="width: 100%;" type="text"/>		
Student's Position Title	Student's Hourly Wage	Number of Hours Week
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Day Worked		Anticipated Last Day of Work
dd: mm: yy:		dd: mm: yy:

I confirm all the above information is correct and have received a copy of the student's letter of acceptance to the institution noted above.

Signature of contact person	Date
<input style="width: 95%;" type="text"/>	dd: mm: yy:

2009 Student Career Skills Development Program

FINAL CLAIM FORM

Complete and submit form by: October 5, 2009

PROJECT FILE#: 2009 _____

[Please print or type]

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

Division/Department (as written on *the 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** amount will be mailed to the address shown on the **Approval Letter**.

Signature _____ Date _____
(Contact person on Contract)

- Attach:**
1. **Payroll Record** form
 2. A copy of the **Record of Employment** (if applicable)

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

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)							A Hr/Wk	B Rate/HR	C Gross Pay	D Vac Pay	E CPP	F EI	G Income Tax	H Net Pay	Missed time ? (Give reasons)
	S	M	T	W	T	F										
2009																
Apr 19-25	X															
Apr26-May 2																
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																
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 copy 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 time ? (Give reasons)
	S	M	T	W	T	F	S									
Apr 19- 25	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 time ? (Give reasons)
	S	M	T	W	T	F	S									
Apr 19-25	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:

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