

COOPERATIVE EDUCATION INCENTIVE/ STUDENT SUMMER SKILLS INCENTIVE

PAY DECLARATION

Organization Name:		Agreement ID:
Student Name:		Position Title:
Student's First Day of Work:	Student's Last Day of Work:	Hourly Wage Paid to Student:
Total Hours Worked*:	Total Regular Pay earned during eligible work term*:	Total Vacation Pay*:

* Refer to last pay stub from eligible work term to fill columns above.

Eligible term dates: SKILL: April 15 to August 31 Co-op: April 1 to August 31
September 1 to December 31
January 1 to April 30

STUDENT I confirm I worked the hours shown and earned these wages. _____ Signature (in ink or Adobe Digital ID only) Date: _____	
EMPLOYER Have you received any other government funding for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which _____ I affirm that: <ul style="list-style-type: none">• The information above is correct and complete to the best of my knowledge.• If selected for audit, I will be required to provide evidence to support the information above. _____ Signature (in ink or Adobe Digital ID only) Date: _____	

For information on creating and using an Adobe Digital ID, visit:
<https://helpx.adobe.com/ca/acrobat/using/digital-ids.html>