YUKON NOMINEE PROGRAM

# EMPLOYER PARTICIPANT MONITORING

This form must be completed by the employer and is not to be shared with the nominee.

The information collected through this form is required to satisfy the monitoring requirements outlined in Section 2.22 of the Tripartite Agreement (TPA).

Failure to complete and submit this form may be considered a failure to comply with the obligations set out in the TPA and may result in further review by the Immigration Branch

| | |
|---|---|
| File number | Date the TPA was signed<br>YYYY-MM-DD |
| Nominee name | Business name |
| Work permit expiry date<br>YYYY-MM-DD | Name of employer |
| Email of nominee | Email of employer |
| Phone number of nominee | Phone number of employer |

1. What is the nominee's current job title/position?

   _____

2. Do the duties and responsibilities the nominee currently performs match those outlined in the job description and/or employment contract?

   ☐ Yes ☐ No

3. Has the nominee been off work for more than 2 weeks in the last 3 months? ☐ Yes ☐ No

   If yes, what is the reason? (select all that apply)

   ☐ Vacation ☐ Not enough work ☐ Workplace injury ☐ Non-workplace injury ☐ Illness

   ☐ Other: _____

4. How often does the nominee get paid?

   ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly

   ☐ Other: _____

5. On average, how many hours does the nominee work during each pay period? _____

   Do these hours change by season? ☐ Yes ☐ No

   If yes, provide details:

   _____

   _____

6. What is the hourly wage indicated on the nominee's most recent pay stub? $ _____

7. How many hours did the nominee work in each of the last three pay periods?

   Period 1: _____ Period 2: _____ Period 3: _____

8. Does the nominee work overtime? ☐ Yes ☐ No

   If yes, how often: _____

   Are they compensated for overtime in accordance with the Yukon Employment Standards Act? ☐ Yes ☐ No

9. Has the nominee signed any agreements, contracts, or other employment-related documents with the employer in addition to the Tripartite Agreement (TPA)?

☐ Yes ☐ No

If yes, attach a copy of the agreement(s) and provide details:

_____

_____

10. Does the nominee currently have suitable housing? ☐ Yes ☐ No ☐ Unknown

If no, has the employee reached out to request your assistance? ☐ Yes ☐ No

11. Does the nominee currently have:

☐ Health insurance coverage through the employer ☐ Coverage under the Yukon Health Care Insurance Plan

If neither, explain why:

_____

_____

12. What have you done to help the nominee settle in the Yukon and become part of the community?

_____

_____

13. In the past 12 months, has your business been the subject of any complaints, investigations, orders, penalties, or decisions issued by any of the following authorities?

☐ Yukon Employment Standards ☐ Yukon Human Rights Commission

☐ Yukon Workers' Safety and Compensation Board (Occupational Health and Safety)

☐ Immigration, Refugees and Citizenship Canada ☐ Canada Border Services Agency

☐ Royal Canadian Mounted Police (RCMP) ☐ Canada Revenue Agency

14. What workplace safety training have you provided to the nominee in the last year?

_____

_____

15. Do you have any concerns regarding the nominee's employment, or foresee any circumstances that may prevent you from continuing to employ them? Examples: financial difficulties; shortage of work; performance concerns by the nominee; selling the business; etc.

☐ Yes ☐ No

If yes, provide details:

_____

_____

☐ I confirm that the information provided in this form, including any attached documents, is true, complete, and accurate to the best of my knowledge. I consent to being contacted by the Immigration Branch for any follow-up questions or requests for additional information related to this submission.

☐ I understand that I must notify the Immigration Branch within one (1) working day of any changes in the employment relationship. This includes, but is not limited to: termination, change of ownership of the business employing the nominee, or change of the name of the business employing the nominee

_____ YYYY-MM-DD

Signature Date

Personal information on this form is being collected under the authority of the Agreement for Canada-Yukon Co-operation on Immigration and will be managed in accordance with the *Access to Information and Protection of Privacy* (ATIPP) Act section 15(1)(c) for the purpose of carrying out a program. For more information about the collection, use and disclosure of your personal information, please contact Yukon Immigration in writing at Economic Development, Box 2703 (F-1), Whitehorse YT, Y1A 2C6, or by phone at 867-667-5131 or toll free at 1-800-661-0408 ext. 5131.



Print Clear