YUKON NOMINEE PROGRAM

NOMINEE PARTICIPANT MONITORING

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

The information collected through this form is required to satisfy the monitoring requirements outlined in Section 1.3 of the Tripartite Agreement.

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 YYYY-MM-DD
Nominee name	Business name
Work permit expiry date YYYY-MM-DD	Name of employer
Email of nominee	Email of employer
Phone number of nominee	Phone number of employer

1. What is your current job title/position?

   _____

2. Do the duties and responsibilities you currently perform match those outlined in your job description and/or employment contract?

   ☐ Yes ☐ No

   If no, explain the differences:

   _____

   _____

   _____

3. Are you currently in the Yukon? ☐ Yes ☐ No

4. Have you been off work for more than two (2) weeks in the last three (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: _____

5. How often are you paid?

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

   ☐ Other: _____

6. On average, how many hours do you work during each pay period? _____

   Do these hours change by season? ☐ Yes ☐ No

   If yes, provide details:

   _____

   _____

   _____

7. Does you work overtime? ☐ Yes ☐ No

   If yes, how often: _____

   Are you paid for overtime? ☐ No ☐ 1.5 times the regular wage ☐ 2 times the regular wage

   ☐ Other: _____

8. Do you have any concerns regarding your pay or compensation, including: unpaid hours worked; incorrect wage payments; or deductions that you do not understand or believe are inaccurate?

   ☐ Yes ☐ No

   If yes, provide details:

   _____

   _____

   _____

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

   ☐ Yes ☐ No

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

   _____

   _____

   _____

10. Have you applied for permanent residence? ☐ Yes ☐ No

    If yes, what was the date of application: _____

    What is the status of the application: ☐ Pending ☐ Approved ☐ Refused

    If no, explain why you have not yet applied:

    _____

    _____

    _____

11. Do you currently have suitable housing? ☐ Yes ☐ No

    If no, have you asked your employer to help you find suitable housing? ☐ Yes ☐ No

12. Do you currently have:

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

    If neither, explain why:

    _____

    _____

    _____

13. What workplace safety training has your employer provided in the last year?

    _____

    _____

    _____

    _____

    _____

14. Are you currently experiencing any of the following? (select all that apply)

- ☐ Bullying or harassment
- ☐ Discrimination
- ☐ Unsafe working conditions
- ☐ Retaliation or intimidation
- ☐ Excessive work hours
- ☐ Lack of training or supervision
- ☐ Other: _____
- ☐ None of the above

15. Is there anything you would like to share or bring to the attention of the Immigration Branch?

_____

_____

_____

_____

_____

_____

Include the following with this monitoring form:

- ☐ Copy of the three most recent pay stubs
- ☐ Most recent copy of the work permit
- ☐ Proof of submission of the permanent residence application, and if applicable, a copy of the decision

☐ 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 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.

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