



YUKON NOMINEE PROGRAM EMPLOYER PARTICIPANT MONITORING FORM

Date: YYYY/MM/DD YNP file: _____

The Yukon Nominee Program (YNP) conducts monitoring of the employer/employee relationship to:

- Ensure that the program is working efficiently;
- Ensure that the terms of the Tri-partite Agreement (TPA) are complied with;
- For purposes of quality assurance; and
- To improve the program.

This form is in fillable PDF format which can be sent electronically, or alternatively, printed and filled in manually. Please return this form by email, mail or fax to the following:

Yukon Nominee Program
Government of Yukon, Economic Development (F-1)
PO Box 2703, Whitehorse, Yukon, Y1A 2C6
Fax: 867-393-6228 • Email: ynp.monitoring@gov.yk.ca

Information you provide is confidential and is being collected per the *Access to Information and Protection of Privacy Act (ATIPP)*. If you have questions or concerns about collection of this information, please contact the Department of Economic Development's ATIPP coordinator / records officer 867-667-5946, or privacy officer / director of Finance, Administration and Systems 867-667-5933.

Employer name	Name of nominee	
Business name	Current # of skilled workers	Current # critical workers
Have you made additional arrangements outside your TPA?		
Signature of the employer or the legal signing authority for the business		Date YYYY/MM/DD

- 1) Do the **duties and tasks** of the nominee match those in section 2 (Guaranteed Employment Offer) of the original and approved YNP application form? Yes No

Comments:

- 2a) Is the nominee working **hours as agreed to** in their TPA? If no, why not? Yes No
- 2b) Do you ask for **overtime**? Yes No
- 2c) Do you **compensate** for overtime as per *Yukon Employment Standards Act (YESA)*? Yes No

Comments:

- 3a) Are **wages** consistent with the TPA terms? Yes No
- 3b) Are **all deductions** made in accord with the TPA terms? Yes No
- 3c) Are you registered with **Yukon Workers' Compensation Health and Safety Board**? Yes No

Comments:

- 4) **For employers with nominees traveling from overseas to work in the Yukon:**
Did you pay for the air travel cost for the nominee to come to Yukon? Yes No

Comments:

- 5a) Do you ensure that your nominee(s) have suitable living accommodations? Yes No
- 5b) Did you as the employer help your nominee find suitable housing? Yes No

Comments:

- 6a) Are you providing health insurance benefits for the nominee until they become eligible for Yukon insured health care? Yes No
- 6b) Is your nominee aware of this? Yes No

Comments:

- 7a) Do you make sure nominee(s) are aware of specific **health and safety** procedures for their work station by providing informational sessions or workshops? Yes No
- 7b) Have you ensured that your nominee has attended the YNP orientation session?
If no, why not? Yes No

Comments:

7c) Have you ensured that nominee(s) know of their **rights** as workers? Check all that apply:

- [Working in Yukon – A guide for foreign workers – Employment rights and responsibilities](#)
- [Ready to Work Program](#)
- [Yukon Employment Standards](#)
- [Yukon Occupational Health and Safety Act and Regulations](#)
- [Yukon Human Rights Act](#)

Comments:

7d) **Have you ensured that nominee(s) know of settlement services** available? (i.e.: English classes, government services, referrals, transportation options, translation services, etc.)

Yes No

7e) Do you have any questions or concerns about the Yukon Nominee Program process?

Yes No

Comments:

8) In general, do you have any questions or concerns?

Yes No

Comments:

Monitor follow-up / comments

Comments:

Reviewed by

Date

YYYY/MM/DD

When submitting this form by email, follow the instructions on your screen.

Ensure that you print a second copy for your records as you might not be able to save the content of this form.