STEP position title: _____ STEP #: _____

Employee name: _____

Name of organization: _____

Employer contact name: _____

Claim period start date	Claim period end date	Hourly wage	Total hours worked	Statutory holiday hours paid	Total hours paid
YYYY/MM/DD	YYYY/MM/DD				

IS PROOF OF PAYROLL ATTACHED? Record of employment must accompany final form.	☐ Yes ☐ No
Have you completed and submitted your employer survey?	☐ Yes ☐ No
Did you receive funding from any other source for this position?	☐ Yes ☐ No

In accordance with the Agreement with the Yukon Government, I certify that the information provided above is TRUE and CORRECT to the best of my knowledge and further certify that the EMPLOYEE for which this subsidy is claimed **has been/will be paid** their total earnings for the employment period indicated.

_____
Employer signature

_____
Name

YYYY/MM/DD
_____
Date

OFFICE USE ONLY

Payment: _____

Contract: _____

Date: _____

Signature: _____
EMPLOYMENT PROGRAMS OFFICER

Record of employment   ☐ Yes   ☐ No
Completed surveys   ☐ Yes   ☐ No
Release payment   ☐ Yes   ☐ No

Approved subsidy = _____

_____ hours at _____ = _____

Less advance = _____

Subsidy remaining = _____