



# Akwesasne Career & Employment Support Services

Summer Employment for Students  
Advance Payment Claim Form

FILE NO.	FROM:
PERIOD CLAIMED: (MM/YYYY)	TO:

<b>NAME OF EMPLOYER:</b>					
<b>MAILING ADDRESS:</b>					
<b>PROVINCE:</b>		<b>POSTAL CODE:</b>		<b>PHONE NUMBER:</b>	
<b>CONTACT PERSON:</b>					
Col 1 PARTICIPANT NAME	Col 2 HOURS PER PARTICIPANT	COL 3 ACCESS HOURLY RATE	COL 4 TOTAL CLAIMED		ACCUMULATED TO DATE ACCESS USE
<b>TOTAL WAGE COST:</b>				5520	
<b>MANDATORY EMPLOYMENT RELATED COST:</b>					
UNEMPLOYMENT INSURANCE PREMIUMS					
CANADA / QUEBEC PENSION PLAN PREMIUMS					
VACATION PAY					
WORKERS COMPENSATION BOARD					
<b>TOTAL M.E.R.C. COST:</b>				5223	
<b>OVERHEAD COSTS</b> (Please attach copy of receipts):					
<b>TOTAL OVERHEAD COSTS:</b>				5224	
<b>TOTAL:</b>					

# AGREEMENT ACTIVITIES REPORT

PLEASE PROVIDE A GENERAL STATEMENT OF THE ACTIVITIES UNDERTAKEN AND/OR THE TRAINING PROVIDED TO THE PARTICIPANTS (EMPLOYEES) DURING THIS PERIOD BEING REPORTED.

**EMPLOYER CERTIFICATION:**

I CERTIFY THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND CLAIMED IN ACCORDANCE WITH THE AGREEMENT.

\_\_\_\_\_  
(AGREEMENT SIGNATORY)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(DATE)

**A.C.E.S.S / OFFICIAL USE:**

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

**CERTIFIED TO BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE AGREEMENT:**

\_\_\_\_\_  
(A.C.E.S.S. SIGNATORY)

\_\_\_\_\_  
(DATE)