

**Community Enhancement Employment Program
 Employee Declaration Form 2011-12**

TO BE COMPLETED BY PROJECT SPONSOR:

Sponsor Organization: _____ CEEP Project Number: _____

Is this form an original employee declaration form or a revised form? Original Revised

Note: Please ensure all information is completed and return the form to the Employment Support Division **immediately** upon hiring a worker.

TO BE COMPLETED BY EACH INDIVIDUAL WORKER: Please complete ALL boxes.

Worker's Name: Worker's Hometown:
 (First Name, Last Name – Please Print)

Part 1 – Confirmation of Required Hours of Employment

In order to ensure that sponsors employ workers within the program guidelines, it is necessary to know how many hours of employment are required by each person. Workers can be employed for a maximum of 420 hours, less any insurable hours of employment they have already earned during the current year for the purpose of establishing Employment Insurance Benefits. Upon completion of their work on the project, workers must have sufficient hours to be eligible for Employment Insurance (EI). Workers who would like further information about the number of hours they require for EI eligibility can contact Service Canada at 1-800-206-7218 (toll-free). *Workers who require a total of more than 420 hours of employment (from all sources, including this program) in order to obtain EI benefits are not eligible to participate in this program.*

I do hereby confirm that I require hours of employment on this project to become eligible for Employment Insurance (EI). I understand that making a false declaration may prevent me from future employment through provincial employment support programs.

Part 2 – Consent to Collect and Use Information

In order to adequately monitor employment support programs, ensure that public funds are used properly, and conduct research and policy work, it is necessary to have each worker's Record of Employment (including Social Insurance Number) following completion of their project employment. This is a **mandatory condition of employment**. Workers who would like further information can contact the Employment Support Division at 1.866.508.5500 (toll-free).

Worker's Social Insurance Number:

I do hereby authorize any sponsor that employs me through a provincial employment support program, to provide a copy of my Record(s) of Employment (ROE) to the Department of Municipal Affairs. This information is required by the Department to verify the number of hours of employment I received while working on a project.

I also authorize the information provided in my ROE(s) to be used, if needed, for policy analysis, research, evaluation and program development purposes. This may include sharing or linking information from my ROE with information from the Government of Newfoundland and Labrador, the Newfoundland and Labrador Statistics Agency, the Government of Canada, or Municipal Governments.

Part 3 – Consent to Participate in Worker Survey

In order to conduct policy-related research, the Department of Municipal Affairs plans to conduct a survey of workers on employment projects. To complete the survey, each worker's home telephone number is needed.

Worker's Telephone Number:

I do hereby authorize the Department of Municipal Affairs to provide my name and home phone number to the Newfoundland and Labrador Statistics Agency to use for contacting me as part of a worker survey. In giving this authorization, I understand that this information and any responses I provide to a survey will be kept strictly confidential as required by the Statistics Act and that all survey results will be presented to the Department in aggregate form only so that no individuals can be identified. I also understand that any information I may provide will not affect my eligibility for this or any other program.

I declare that the information provided herein is accurate and agree to the collection of information as stated above.

Employee Signature

Date

 Witness
 (only for those applicants who sign with an "X")