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| canada_640 Sto:lo Aboriginal Skills & Employment Training (SASET)  Bldg #5A - 7201 Vedder Road, Chilliwack, BC V2R 4G5  Tel: (604) 858-3691 Toll-free: 1-888-845-4455 Fax: (604) 858-3528  Email: info@saset.ca | | | | | | | | | | | | | | | | | | | | | | | | |
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| **STUDENT EMPLOYMENT PLACEMENT APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Office Use Only:** | | |  |  | Original | | | |  |  |  | Date Received: | | | |  |  | | | |  | File #: |  |  |
|  |  | Amendment #: | | | |  |  |  | Date Reviewed: | | | |  |  | | | |  | P.O.: |  |  |
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| **Program:** |  | | | **Project Name:** | |  | | | |
| **Date Submitted:** | |  | **Activity Period** | | **From:** | |  | **To:** |  |

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| **Name of Employer:** |  | | |
| **Legal Name of Employer:** |  | | |
| **Contact Person:** | **Email:** | | |
| **Mailing Address:** |  | | |
|  |  | | |
| **Telephone Number:** |  | **Fax Number:** |  |

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| **# of Secondary Students (Sec)** | **# of Post-secondary students (P/Sec)** | **Start Date(s)** |
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| **SASET CONTRIBUTIONS REQUESTED** | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | ➀ | | | ➁ | ➀x➁=➂ | ➃ | ➄ | ➅ | | ➂x➃=➆ |
| **Job description** | | | | **Sec** | | **P/Sec** | | **# of**  **Weeks** | | | **Hrs per**  **Week** | **Total Hrs.** | **Wage Per Hour** | **Subsidy Requested** | **Sponsor Contribution**  **per Hour** | | **Total** |
|  | | | |  | |  | |  | | |  |  |  |  |  | |  |
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| Total Wages | | | | | | | | | | | | | | | | |  |
| ➂x➄ = ➇ **Total SASET Wages Requested** | | | | | | | | | | | | | | | | |  |
| **CPP:** |  | **WCB:** |  | | **EI:** |  | **VP:** | |  | **Enter WCB RATE here: % Mandatory Employment Related Costs (MERCs)** | | | | | | |  |
| **For CPP & EI use Online deductions calculator (ODC); WCB Sponsor/Community rate; Vacation Pay = 4%** <https://www.canada.ca/en/revenue-agency/services/e-services/e-services-businesses/payroll-deductions-online-calculator.html> | | | | | | | | | | | | | | | | |  |
| Total SASET Contributions | | | | | | | | | | | | | | | | |  |
| TRAINING COSTS: Safety Certificates or other added training costs | | | | | | | | | | | | | | | | | |
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| Total Sponsor Contributions | | | | | | | | | | | | | | | | |  |
| SPONSOR CONTRIBUTIONS *– use separate sheet if necessary* | | | | | | | | | | | | | | | | | |
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| Total Sponsor Contributions | | | | | | | | | | | | | | | | |  |
| TOTAL CONTIBUTIONS | | | | | | | | | | | | | | | | | |
| SASET Requested: | | | | | | | | | | | | | | | | |  |
| Sponsor: | | | | | | | | | | | | | | | | |  |
| Total Contributions | | | | | | | | | | | | | | | | |  |

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| *Sponsor Signature* |  | *Position* |  | *Date* |

Subject to the attached Terms & Conditions, the Employer agrees that upon approval of the Employer’s application, the Employer will provide the jobs, at the hourly wage subsidy, for the number of hours per week and for the number of weeks, all as described above and SASET agrees to pay to the Employer in respect of the wages and mandatory employer costs related to such jobs, a contribution not exceeding the amounts shown in the agreement. **The employer certifies that the proposed jobs would not be created without the contribution requested.**

**Please remember to include the following:**

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| * Cover letter | * Band Council Resolution or Board motion | * Job Description/s |