

**Community Enhancement Employment Program (CEEP)  
 Employee Declaration Form 2017-18**

**TO BE COMPLETED BY PROJECT SPONSOR:**

Sponsor Organization: \_\_\_\_\_ CEEP Project Number: \_\_\_\_\_

Provincial District: \_\_\_\_\_

Please check if this is an original employee declaration form or a revised form? Original  Revised

**Note:** To be considered for employment, applicants are required to submit to the sponsor their Record of Employment (ROE) from their previous employer(s). **The ROE(s) and this completed form must be submitted to the Department of Municipal Affairs and Environment seven calendar days prior to the individual starting work on the project. The Department will notify the sponsor in writing whether or not the individual is eligible to be employed on the CEEP project.** Any labour costs incurred without written Departmental approval will not be reimbursed.

**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 **400 hours**. Insurable hours of employment already worked during the current year for the purpose of establishing Employment Insurance Benefits are to be deducted from the 420 hours required for EI eligibility. Upon completion of their work on the project, workers should have sufficient hours to be eligible for Employment Insurance (EI). EI eligibility is determined by Service Canada and workers who would like further information about the number of hours they require may contact Service Canada at 1.800.206.7218 (toll-free). *Workers who require a total of more than **400 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, as per the attached Record(s) of Employment, I am not currently employed and I require  hours of employment on this project to become eligible for Employment Insurance (EI).

**Note:** part-time, casual and call-in workers are not eligible for CEEP projects.

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 Employment Support 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 and Environment. 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 and Environment 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 and Environment 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 in 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")