

**Monthly Claim Form**

Period covered by this claim: From: \_\_\_\_\_ to: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Wages claimed for the period: \$ \_\_\_\_\_ Is this your last payment claim?  Yes  No

Were there any statutory holidays in the period being claimed for?  Yes  No

If yes, please provide details of hours worked and amount paid \_\_\_\_\_ HRS \$ \_\_\_\_\_

**INCLUDE RELEVANT PAY STUB AND TIMESHEET WHICH INCLUDES A BREAKDOWN OF HOURS AND MANDATORY EMPLOYER DEDUCTIONS**

<b>Total hours worked</b>	<b>X</b>	<b>Rate per hour subsidized</b>	<b>=</b>	<b>Total claimed</b>
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Employer certification: \_\_\_\_\_ Date: \_\_\_\_\_

I certify the information is true and correct to the best of my knowledge and claimed in accordance with the agreement.

Employment Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Progress Report for the Month of:** \_\_\_\_\_

Attendance/Progress	Satisfactory	Unsatisfactory	Comments/Recommendations
Attendance			
Attitude			
Productivity			
Quality of work, i.e. accuracy, consistency and completeness of work			
Comprehension, i.e. ability to learn, grasp new concepts, follow instructions			
Outline the activities the client has completed as per Schedule A of the Agreement:			

Employer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee verification: \_\_\_\_\_ Date: \_\_\_\_\_

I have received the appropriate wages for the above claim period.