

File Number

**MIAWPUKEK MI'KAMAWAY MAWI'OMI  
MIAWPUKEK HUMAN RESOURCES  
APPLICATION FOR EMPLOYMENT BENEFIT/SUPPORT MEASURES.**

**Please Print**

<b>WAGE SUBSIDY APPLICATION</b>	
<sup>1</sup> Name of Employer/Coordinator/Group	<sup>2</sup> Legal Name of Employer/Coordinator/Group
Mailing Address:  City/Town	Province:  Postal Code:
Area Code Telephone Number ( ) -	Area Code Fax Number ( ) -
Name of Contact Person:	Telephone Number if different from above: ( ) -
<sup>3</sup> Objective/Description of Activities/ Expected and Results: (This section is meant as an Executive Summary if a more detailed proposal is required, please attach)	

<b>Location of Activity:</b>		
<b>Name of Participant:</b>		<b>Position to be filled:</b>
<b>Duration of Activity:</b>		<b>End Date:</b>
<b>Start Date:</b> Day    Month    Year		<b>End Date:</b> Day    Month    Year
<b>Support to individuals</b>	<b>Requested Amount</b>	<b>Recommended Amount</b>
<b>WAGES:</b>	\$	\$
<b>BENEFITS:</b>	\$	\$
<b>TOTAL:</b>	\$	\$
<b>Funds from other sources</b>		
		\$
		\$
		\$
<b>TOTAL:</b>		\$
<b>Is there a more detailed breakdown of costs included?    Yes    <input type="checkbox"/>    No    <input type="checkbox"/></b>		
<b>Name of Employer (please print)</b>		<b>Position:</b>
<b>Signature:</b>		<b>Date:</b>
<b>For office use only</b>		
<b>Application:</b> <b>Approved:</b> <input type="checkbox"/> <b>Rejected:</b> <input type="checkbox"/> <b>Withdrawn:</b> <input type="checkbox"/>		
<b>CATS Doc.</b> <input type="checkbox"/> <b>Date CATS Doc.</b> _____ <b>Documented By:</b> _____		
<b>Part I Follow-up date:</b> _____ <b>Part II Follow-up date:</b> _____		

\_\_\_\_\_  
MHR Signature

\_\_\_\_\_  
Date