

Sto:Io Aboriginal Skills & Employment Training (SASET) Bldg #8A - 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

STUDENT EMPLOYMENT PLACEMENT APPLICATION FORM

Office Use Only:	Original Amendment #:				ate Received: ate Reviewed		File #: P.O.:		
Program:			Project Name:				To:		
Date Submitted: Name of Employe	er:			Activ	rity Period	From:		10:	
egal Name of En Contact Person: Mailing Address:	nployer:					Emai	l:		
elephone Number:			Fax Number:						
# of Secondar (Sec		nts	# of Po	st-seconda (P/Sec)	ry students			Start Date(s)	
SASET CONTR	RIBUTI	ONS R	EQUEST ①	ED ②	①x②=③	4)	(5)	6	3x4=7
Participants	Sec	P/Sec	# of Weeks	Hrs per Week	Total Hrs.	Wage Per Hour	Subsidy Requested	Sponsor Contribution per Hour	Total
								Total Wages	
CPP: % WCB:	% EI:	% V	P : 4% (EI	+CPP+WCB+V		$3 \times 5 = 8$ $0 = Mandato$		SET Wages Requested elated Costs (MERCs)	
TRAINING COS	STS: 6	afoty C					Total SASE	T Contributions	
I KAINING CO.	313. 3	arety C	erinical	es or othe	er added tr	anning Co	JSIS		
							T. 1.1.0		
SPONSOR CO	NTRIB	UTION	S – use se	eparate shee	et if necessary		Total Sponso	or Contributions	
							Total Snons	or Contributions	
TOTAL CONTI		NS					Total Opolist		
SASET Requeste Sponsor:	ed								
<u>- </u>							Tot	al Contributions	
Spor	nsor Signati	ure				Position			Date
Subject to the attach the jobs, at the hourl agrees to pay to the	ned Terms ly wage si Employei	& Condit ubsidy, for r in respec	r the numbe ct of the wag	r of hours per ges and mand	r week and for datory employe	proval of the the number r costs relate	of weeks, all as o	lication, the Employer described above and a contribution not exc without the contribu	will provide SASET eeding the

Please remember to include the following:

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