



PUBLIC SERVICE EMPLOYMENT PROGRAM FOR PERSONS WITH DISABILITIES AGREEMENT

The personal information requested on this form is collected under the authority of the *Employment and Assistance Act* and/or the *Employment and Assistance for Persons with Disabilities Act* and will be used for the purpose of administering the Public Service Employment Program for Persons with Disabilities. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Specific questions about this form may be directed to the Employment Program for Persons with Disabilities at (250) 356-6037. Mailing address: P.O. Box 9916 Stn Prov Govt, Victoria BC V8W 9R1

CLIENT NAME		EPPD CLIENT NO.		
HOST MINISTRY		BRANCH NAME		
MAILING ADDRESS	CITY / TOWN	POSTAL CODE	PHONE NUMBER	FAX NUMBER
PAYROLL/JOURNAL VOUCHER CONTACT		MAILING ADDRESS AND TELEPHONE/FAX (if different from above)		
ADDRESS	CITY / TOWN	POSTAL CODE	PHONE NUMBER	FAX NUMBER
JOB DESCRIPTION/DUTIES TO BE PERFORMED		NOTE: A DETAILED TRAINING PLAN MUST ACCOMPANY THIS AGREEMENT		
ADAPTIVE EQUIPMENT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		GRID LEVEL/STEP 5 <input type="checkbox"/> 1 <input type="checkbox"/> 11 <input type="checkbox"/> 2 <input type="checkbox"/>		

FINANCIAL SECTION - INDICATE FISCAL YEAR SPLIT IF APPLICABLE

SUBJECT TO AVAILABILITY OF FUNDING, THE MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION WILL REIMBURSE THE HOST MINISTRY TO A MAXIMUM OF \$ _____ AS FOLLOWS:

START DATE (YYYY-MMM-DD)	END DATE (YYYY-MMM-DD)	MONTHS WORKED	HRS/ DAY	HOURLY WAGE	GROSS WAGES	HOLIDAY PAY	% ADMIN	H & W BENEFITS	TOTAL COST

REVIEW BY

EPPD BRANCH SIGNATURE	DATE SIGNED (YYYY MMM DD)
-----------------------	---------------------------

HOST MINISTRY APPROVAL SECTION

SIGNATURE OF BRANCH DIRECTOR/DESIGNATE (HOST MINISTRY)	PRINT NAME/TITLE	DATE (YYYY MMM DD)	PHONE NUMBER
SIGNATURE OF APPLICANT	PRINT NAME	DATE (YYYY MMM DD)	PHONE NUMBER

I HEREBY CERTIFY THAT THIS POSITION DOES NOT ENCROACH UPON ANY AUXILIARY OR REGULAR POSITION WITHIN THIS MINISTRY OR ON ANY POSITION AWAITING TREASURY BOARD APPROVAL

SIGNATURE OF DIRECTOR/HUMAN RESOURCES OR DESIGNATE (HOST MINISTRY)	PRINT NAME/TITLE	DATE (YYYY MMM DD)	PHONE NUMBER
SIGNATURE OF SPENDING AUTHORITY (HOST MINISTRY)	PRINT NAME	DATE (YYYY MMM DD)	PHONE NUMBER
SIGNATURE OF SPENDING AUTHORITY (SDSI)	PRINT NAME	DATE (YYYY MMM DD)	PHONE NUMBER