

**A Note About Your Employment Plan:**

The purpose of the Employment Plan (EP) is to outline the activities and expectations for you to find employment or become more employable. These expectations are required by the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The EP will have specific timelines for activities and will be reviewed regularly. The EP tracks your progress to employment. Any changes to your plan will require an amendment agreed to by the ministry. It is important that you follow through with the conditions of the EP. If you are unable to follow through please advise the ministry. If you fail to comply with your EP you will be ineligible for assistance.

<b>1. Personal Information</b>		Date (YYYY MMM DD)
Surname	First Name	Initials
Home Phone	Social Insurance Number (SIN)	Personal ID Number
<b>2. Amended Plan (if applicable)</b>		Amendment No.
Reason for Amendment:		
<b>Client Type</b> (Office use only)		
<b>Expected to Work</b>		
<input type="checkbox"/> 0 - 14	<input type="checkbox"/> Person with Persistent Multiple Barriers	
<input type="checkbox"/> 15+	<input type="checkbox"/> Person with Disability	
<input type="checkbox"/> No employment-related obligations		
<b>3. Conditions of the Plan</b> - I will participate fully and to the best of my ability in the activities required by the ministry or contractor as set out in sections 3 (a) to (f).		
a) Terms of Employment Plan	Start Date (YYYY MMM DD)	End Date (YYYY MMM DD)
b) Name of Program / Service		
c) Name of the Contractor and Telephone Number (If applicable)		
d) Details:		
e) Date of Referral (YYYY MMM DD)		
f) Client Reporting Requirements:		
i Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
ii Method (specify process): <input type="checkbox"/> Client Activity Report <input type="checkbox"/> SD0077 <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Other: _____		

**4. Freedom of Information and Protection of Privacy**

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information are subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Specific questions about this form may be directed to a Ministry representative at your local Employment and Assistance Centre.

**5. Compliance with Employment Plan and Actions for Non-Compliance**

To be eligible for assistance, each applicant or recipient in the family unit must, when required to do so, enter into an employment plan, and comply with the conditions set out in the employment plan. The purpose of an employment plan is to help a person a) find employment, or b) become more employable. Assistance will be discontinued if a person a) fails to demonstrate reasonable efforts to participate in a program in which he or she is required to participate, or b) ceases, except for medical reasons, to participate in the program.

Under the *Employment and Assistance Act* and/or the *Employment and Assistance for Persons with Disabilities Act*, the requirement to enter into or participate in an employment plan is not open to appeal. The conditions of an employment plan may, however, be reconsidered but cannot be appealed to the Employment and Assistance Appeal Tribunal.

**6. Acknowledgement**

I acknowledge that it is a condition of eligibility that I sign this employment plan and that I comply with the conditions set out in this plan, including any condition to participate in a specific employment-related program. I understand that ministry contractors have the ability to report back on my activities. I understand that I may be required to provide verification of my compliance with the conditions of this plan, including proof of active work search and/or records of attendance and participation in an employment-related program as required by the ministry.

I further acknowledge and understand that, if the ministry refers me to a specific employment-related program, I will participate fully and to the best of my ability in the activities required by the ministry contractor.

In accordance with the conditions of the *Employment and Assistance Act* and/or the *Employment and Assistance for Persons with Disabilities Act*, I understand that if I do not comply with the conditions of this employment plan, the assistance issued to me and/or my family will be discontinued. I acknowledge that I understand that participation in an employment plan is not open to appeal.

Date Signed (YYYY MMM DD)	Referring Caseworker Name
Office Location	Client Signature