



# AMENDMENT TO PUBLIC SERVICE EMPLOYMENT PROGRAM FOR PERSONS WITH DISABILITIES AGREEMENT

TRAINEE NAME				EPPD CLIENT NO.	
HOST MINISTRY			BRANCH NAME		
MAILING ADDRESS		CITY / TOWN	POSTAL CODE	PHONE NUMBER	FAX NUMBER
REASON(S) FOR CHANGE(S)					
1.	CANCELLATION	<input type="checkbox"/>	INCREASE	<input type="checkbox"/>	DECREASE
2.	REIMBURSEMENT RATE	<input type="checkbox"/>	INCREASE	<input type="checkbox"/>	DECREASE
3.	NUMBER OF HOURS PER DAY	<input type="checkbox"/>	INCREASE	<input type="checkbox"/>	DECREASE
4.	NUMBER OF DAYS	<input type="checkbox"/>	INCREASE	<input type="checkbox"/>	DECREASE
EXPLANATION OF CHANGE(S)					
				GRID LEVEL/STEP	
				5	1 <input type="checkbox"/>
				11	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 BENFITS	TOTAL COST

#### REVIEW BY

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

**IN ACCORDANCE WITH THE TERMS OF THE ORIGINAL TRAINING AGREEMENT MADE WITH THE MINISTRY OF SOCIAL DEVELOPMENT, I AGREE TO THE CHANGES IN RESPECT OF THE TERMS AND CONDITIONS IN THE ABOVE FINANCIAL SECTION OF THE APPLICATION AND AS NOW REFLECTED IN THE AMENDMENT.**

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