

**ECE Employee Form of Acknowledgement**  
**For ECE Employees who are not Owners/Co-owners of the Enrolled Facility**

ECE Employee Acknowledgement

I, [*Insert name of eligible ECE*], am an Early Childhood Educator (ECE) currently employed at [*Insert name of employer*] (the "Employer"). I acknowledge that as a condition of the Employer enrolling in the ECE Wage Enhancement, my Employer is required to collect and disclose to the Province of British Columbia (the "Province") certain personal information about me so that the Province can use such personal information for the administration, ongoing planning, evaluation, and auditing of the ECE Wage Enhancement.

I understand the Province requires my authorization to indirectly collect personal information about me via my Employer, and that with my authorization, the Province has the authority to collect that personal information under sections 26(a) and 27(1)(a)(i) of the *Freedom of Information and Protection of Privacy Act*.

Consequently, by signing below I hereby confirm that I authorize and consent to my Employer's collection and disclosure of my personal information, listed below, to the Province for the Province's administration, ongoing planning, evaluation, and auditing of the ECE Wage Enhancement.

**1. For administration purposes:**

- Facility Name
- CCOF Organization ID #
- CCOF Facility ID #
- ECE Name
- ECE Registration #
- ECE Certificate Expiry Date
- Current hourly wage, OR if salaried, estimated hourly wage
- Total number of Hours Worked (including overtime) by ECE Employee

**2. For Verification & Audit purposes:**

- Verification of valid ECE certification for all ECEs receiving the ECE Wage Enhancement Funding;
- Copy of signed and submitted ECE Wage Enhancement Application Form;
- Copies of monthly reporting documents/forms indicating ECE names and corresponding ECE Wage Enhancement hours claimed;
- ECE Employee schedule and/or staff attendance records;
- Records for funding received and payments made to ECE Employees;
- Records documenting receipt of funding by eligible ECE Employees for whom funding was claimed; and
- ECE Employee payroll records including T4s and T4As.

By signing below, I also hereby confirm that I authorize and consent to the following:

- Some or all of the information listed in bullets 1 and 2 above being used by the Province for ongoing planning and evaluation activities in relation to the ECE Wage Enhancement; and
- That in the course of performing the above referenced activities, the Province may need to contact other child care facilities where I may also perform child care services if such facilities participate in the ECE Wage Enhancement. An example of where such a situation may arise is if more than one employer facility submits reports to the Province showing my hours worked for a certain month and the total number of hours submitted by those employer facilities exceed the Province's 195 hour per month limit. In this type of situation, the Province may need to contact one or more of my employer facilities to notify them that my monthly limit has been met.

I understand that:

- I am encouraged by the Province to retain copies of my paystubs in the event there is a real or suspected discrepancy regarding the portion of ECE Wage Enhancement Funding paid to me under the ECE Wage Enhancement; and
- If I have questions pertaining to this authorization and consent, I can contact my Employer for further information.

Signature

Printed Name

Witness

Date