

YUKON ESSENTIAL WORKERS INCOME SUPPORT PROGRAM

EMPLOYEE AGREEMENT

My employer is submitting this application for the purpose of obtaining financial assistance from the Government of Yukon. This financial assistance will supplement my regular wages for a period of up to 16 weeks and be paid to me through my employer's payroll. understand that I may not collect the Canada Recovery Benefit NAME OF APPLICANT while I am enrolled in the Yukon Essential Workers Income Support Program. I affirm that I am not currently receiving the Canada Recovery Benefit. If I begin receiving the Canada Recovery Benefit during this 16-week period, I will inform my employer so that my employer can remove me from the Yukon Essential Workers Income Support Program. I affirm that I reside in Yukon as only workers resident in Yukon are eligible for the Yukon Essential Workers Income Support Program. I understand that all or part of this application may be made available to the public in accordance with the Access to Information and Protection of Privacy Act. I acknowledge that in the event of non-compliance with the program's terms and conditions, the outstanding amounts will immediately become repayable. Signature of employee Signature of employer or representative Print name Print name

Access to Information and Protection of Privacy Act: Personal information on this form is collected under the authority of Section 29(c) of the Access to Information and Protection of Privacy (ATIPP) Act for the purpose of carrying out a program and/or providing financial assistance to the applicant. The collection, use and disclosure of your personal information is managed in accordance with the ATIPP Act and all or part of this information may be made available to the public. For more information about the collection, use and disclosure of your personal information, please contact the Department of Economic Development's ATIPP coordinator/records officer 867-667-5946, or privacy officer/director of Finance, Administration and Systems 867-667-5933.

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