

YOUTH WORK EXPERIENCE PROGRAM PAYMENT FORM

*To be completed by the supervisor after work is completed

Youth Name:	
Youth Address:	
Youth DOB:	
Youth SIN Number:	
Date(s) & Time(s) of work: (attach separate sheet if required)	<u>Date(s)</u> <u>Time(s)</u>
Location of work:	
Description of work:	
Total owed to Youth:	
Supervisor Name & Affiliation:	
Supervisors approval of time:	
Forms completed:	<input type="checkbox"/> Application Form <input type="checkbox"/> Report Form *Forms must be completed before payment is processed

*Rates: \$50/half day (<4 hrs), \$100/day (> 4hrs), \$150/day for days exceeding 8 hrs or involving overnight stays.

FOR OFFICE USE ONLY	
Project	Youth Program
Coding	5132
Invoice Number	