

Yukon Summer Career Placement Program Program Guidelines 2012

The Yukon Summer Career Placement Program (SCP) is designed to assist students/youth for their future entry into the labour market. The program focuses on providing career-related work experience and developmental learning for youth and students through the provision of a wage subsidy to employers.

All proposals must demonstrate that the jobs would not otherwise be available without the financial assistance of the program; and that the jobs created will not interfere with a collective agreement already in place.

Due to the popularity of this program and local budget restrictions, all applications may not receive approval for funding. Those approved may not receive funding for all positions and costs they apply for.

Criteria for assessing applications include the following:

1. The benefits to be derived by the youth/ students doing these jobs.
 - a) Provide career related experience
 - b) Prepare students/youth for future labour market
 - c) Prepare students/youth for employment in growth sectors within a community or region
2. The extent to which the employer is prepared to contribute to the proposed activities (such as wages, other costs, etc.)
3. The employer's history and/or intention with regard to fair and equitable employment practices, considering Human Rights and employment legislation of Canada and Yukon.
4. Applications which address one or more of the following social priorities:

<input type="checkbox"/> Occupational/Skill Shortages	<input type="checkbox"/> Community Benefit	<input type="checkbox"/> Environment
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Literacy	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Tourism	<input type="checkbox"/> Disabilities	<input type="checkbox"/> Short term special events
5. Employment opportunities for the disabled, visible minorities and youth.
6. Activities which support the broader goals of economic, community and social development in the Yukon.

Upon approval, successful applicants will enter into a contribution agreement with the Yukon Government (Advanced Education). Proposals selected for funding by YUKON permit BOTH STUDENTS AND YOUTH to participate.

Employment must occur between May 2012 and September 1, 2012. Normally, employment will last for a minimum of 6 weeks, to a maximum of 16 consecutive weeks. Employees must work a minimum of 30 hours per week. Applications, which propose part time employment for disabled persons, may be considered.

Maximum Program Contribution

All students/youth must be paid at least minimum wage, they can be paid more. The subsidy is based on a percentage of the hourly wage paid, to a maximum as listed below. If the minimum wage increases, the subsidy will remain the same and the increase will be at the cost of the employer.

Cost Category	Private Sector	Public Sector	Non Profit Sector
Wages reimbursed	50% of hourly wage up to a maximum of \$6.50 per hour	50% of hourly wage up to a maximum of \$6.50 per hour	80% of hourly wage up to a maximum of \$8.25 per hour

Eligible Employers are

- Private businesses incorporated or unincorporated, banks and co-operatives with share capital
- Municipalities, Educational Institutions, Self-Governments;
- Non-Profit Organizations
- And have operated in Yukon for at least 1 year prior to applying to the program.

Eligible Employees are Students and Youth who

- are legally entitled to work in Canada
- Student must be at least 15 years of age, no maximum age.
- A new employee, not currently working with your company
- Youth must be Yukon Resident between the ages of 16 – 25, not in school

- Are not members of the employer's immediate family

STUDENT is defined as a person over the age of 15 and who attended full-time at a, secondary, post-secondary or vocational school during the current academic year (for at least one semester).

YOUTH is defined as a person between the ages of 16 and 25 who does not meet the definition of a student and who has been a Yukon resident since March 1, 2011 and possesses a Yukon Health Care Card.

The above eligibility may be amended, with special circumstances, and with written consent from the Employment Programs Officer.

An Employer/Employee Declaration Form must be completed to certify the student/youth eligibility.

ADDITIONAL INFORMATION

Payments:

Advance payments of 60% will be issued upon receipt of a signed Employer/Employee Declaration. Remaining payments will be reimbursements upon completion of their agreement and the Employer must submit a claim on the prescribed Claim Form and attach a Record of Employment for actual hours worked by the youth/student during the contract period.

Final claims must be received by within 30 days upon completion of Agreement.

Workers Compensation Board:

Workers' Compensation or equivalent insurance coverage must be provided by the employer for SCP employees. This is a mandatory condition for funding. Employers must observe all federal and territorial health and safety laws and advise youth/students of their rights and obligations related to health and safety issues.

Employment of Family Members:

Members of employer's immediate family are not eligible for the program. Refer to Agreement Terms and Conditions for details or contact Government of Yukon Advanced Education for further clarification.

Approval Process:

All proposals meeting program criteria will be prioritised within the available SCP budget. All employers will be notified after the application assessment stage is complete. If approved for funding, you will receive a copy of the Agreement signed by the SCP designate of Government of Yukon and instructions on monitoring and claim procedures.

Job Postings:

Employers receiving SCP funding are strongly encouraged to use the services of their local Human Resources of Canada Centres for recruitment.

APPLICATION PROCESS

To receive an application package for the Yukon Summer Career Placement Program (SCP), you can:

- Visit our website at www.education.gov.yk.ca/advanced/employment/index.html and print one.
- Contact Government of Yukon, Advanced Education:
 - Phone 667-5927, toll free in Yukon at 1-800-661-6408 local 5927
 - E-mail: Ann.Birnie@gov.yk.ca
 - Visit our office in the Education Building at 1000 Lewes Blvd., Whitehorse, YT

If you can create a summer job for a student or unemployed youth, please complete an application and submit to:

Attention: Ann Birnie
Government of Yukon
Department of Education
Box 2703
Whitehorse, Yukon Y1A 2C6

**Applications must be received at the Department of Education, on or before
Friday March 2nd, 2012**

Yukon Summer Career Placement – Agreement Terms and Conditions

1. In this agreement, “MINISTER,” the Yukon Department of Education.

“EMPLOYEE” means the employees hired by the employer for the jobs, unless the context indicates otherwise.

“EMPLOYER” means the legal name of the employer referred to on the application/agreement form.

“JOBS” means the positions referred to on the application/agreement form.
2. The EMPLOYER represents and warrants that
 - (a) the employees do not displace or replace existing employees, employees on layoff, employees absent due to a labour management dispute or employees on vacation;
 - (b) the jobs will provide a minimum of 30 hours of work per week, and will last between 6 and 16 consecutive weeks (between May 1st and September 1st of this year), except that where the employee is disabled part-time employment is permissible;
 - (c) the jobs are not jobs for which another contribution will be received or claimed from any other government source, except where such contribution is provided pursuant to a federal/territorial agreement designed to harmonize federal and territorial job creation programs;
 - (d) the jobs would not be created without the financial assistance provided under this agreement; and
 - (e) the jobs will be carried out in accordance with all applicable federal and territorial laws.
 - (f) the funding does not cover an existing position/employee.
3. The EMPLOYER shall
 - (a) provide the employees with necessary supervision, learning and work experience;
 - (b) keep proper accounts and records including invoices, receipts, vouchers, bank statements and cheques of all financial transactions relating to this Agreement;
 - (c) allow representative of the MINISTER to enter the EMPLOYER’S premises at all reasonable times for purposes of inspection and audit of the books and records referred to in paragraph (b);
 - (d) submit such reports concerning the progress of the employees and particulars of the employees as may be request by the MINISTER;
 - (e) treat as confidential, personal information relating to employees for which he/she receives a contribution under this Agreement, and not disclose such information to any party other than the MINISTER except where such disclosure is required by law or where the employee concerned provides prior consent to such disclosure.
4. Unless otherwise approved by the MINISTER, the employees shall be employed during the period shown on the approved application/agreement, it being understood that the MINISTER shall have no obligation to pay any contribution the EMPLOYER in respect of costs incurred by the EMPLOYER outside such period.
5. The amount of the MINISTER’S contribution to the EMPLOYER in respect of wages based upon costs actually incurred by the EMPLOYER. In addition, in the event that the hourly wage rate paid by the EMPLOYER is less than the hourly wage rate shown on the application of this document, the MINISTER may, in its discretion, reduce the amount of its contribution in respect of those costs by a proportionate amount, as determined by the MINISTER.
6. The MINISTER’S contribution shall be payable upon
 - (i) A submission of the Employer/Employee Statutory Declaration form. Once reviewed and accepted by the Department of Education, an initial advanced payment not exceeding 60% of the estimated total contribution will be payable under the agreement;
 - (ii) than final payment upon receipt of the survey forms and
 - (iii) a final claim made on a form prescribed by the MINISTER and submitted within 30 days from the termination of the employment covered by the agreement, the balance, if any, of the contribution owing to the EMPLOYER.
7. (1) No preference may be given to the selection of participants who are immediate family members of an employer or who are immediate family members of a director or senior officer of the employer.

(2) Employer means the individual or organization receiving funding from the Yukon Department of Education.

(3) For the purposes of paragraph (1) the immediate family of a person referred therein includes the person’s father, mother, step-father, step-mother, foster parent, brother, sister, spouse (including common-law spouse), child (including child of common law spouse) step-child, ward, father-in-law, mother-in-law, and any relative permanently residing in the person’s household or with whom the person permanently resides.
8. In the event payment made to the EMPLOYER exceed the amount to which the EMPLOYER is properly entitled pursuant to the agreement, the amount of such excess shall be payable forthwith to the MINISTER upon receipt of notice thereof and such amount shall be recognized as being a debt due to the MINISTER.

9. Any payment due hereunder is subject to there being an appropriation by Parliament or Yukon Government for the fiscal year in which such payment is to be made.
10. (1) This agreement may be terminated by either party on 15 days written notice. Notwithstanding the foregoing, the MINISTER may terminate the agreement immediately by notice in writing.
- (a) if the EMPLOYER is in breach of any of its obligations under the agreement.
 - (b) if any representation or warranty made by the EMPLOYER is materially false or misleading, or
 - (c) if any change occurs in the tasks and responsibilities of the employees, as described on the application submitted by the EMPLOYER, without the MINISTER'S prior approval.
- (2) Upon termination of the agreement, the MINISTER shall cease to have any obligation to make any further contribution to the EMPLOYER in respect of the costs incurred by the EMPLOYER after the date of termination, and the amount of any unexpended advance shall be repaid forthwith to the MINISTER upon receipt of notice thereof and such amount shall be recognized as being a debt due to the MINISTER.
11. This agreement may not be assigned in whole or in part without the written consent of the MINISTER and any assignment made without that consent shall be void and of no effect.
13. No amendment to this agreement shall be valid unless made in writing between the parties
14. Personal information contained on this form is collected under the Yukon Summer Career Placement Program and will be used for administration purposes. For Further information contact the Employment Training Officer at Government of Yukon, Department of Education, Advanced Ed, 1000 Lewes Blvd, Whitehorse, Yukon Y1A 3J1, phone 867-667-5927 or toll-free in Yukon at 1-800-661-0408 local 5927.



Yukon Summer Career Placement Program Application/Agreement 2012

Box 2703, Whitehorse, Yukon Y1A 2C6 Fax: 867-667-8555 Phone 867-667-5927

Read the program Guidelines and Agreement Terms and Conditions carefully before completing this form.

Employer Information: (please complete all information or application will be returned)

Legal Name of Employer		Common Name of Employer		Area Code and Tel No.		
Mailing Address Postal Code ▶		Area Code and Fax Number	Name of Contact Person			
		Title of Contact Person			Area Code and Tel No of Contact	
		E-mail Address				
Address of Summer Career Placements Activity (if different from Box 3)					Postal Code	
Canada Customs and Revenue Agency Business/Charitable Registration Number or Business License #		Organization has existed In Yukon since (y/m/d)		What is the main product or service of your organization?		
What Social Priority are you addressing? (See Criteria #4 in program guidelines) if different from guidelines Please describe.						
Employer Type (please circle or mark an X below)						
Private Sector		Public Sector		First Nations Government		
				Not for Profit		
					Number of full time Employees▶	
Is there a union at the worksite? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach letter of Union concurrence with this application		Worker's Compensation Number: _____		Other Funding – Has the employer applied, or will the employer apply, for other funding for any of the jobs in this application? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes by whom: _____		

*****Please complete a JOB DESCRIPTION for each position requesting funding. (Forms attached)*****

Position Payment Details: (Please complete the following Section)

Job Title	No of Jobs	Start Date (y/m/d)	No. of Weeks	Hours/ Week	Total Hours	Hourly Wage	Total Wages

Department Use Only: Approved Positions & Calculations:

Job Title	No of Jobs	Start Date (y/m/d)	No. of Weeks	Hours/ Week	Total Hours	Hourly Wage YTG Contribution	Total Wages
Total Contribution							

Signatures

By signing this agreement the employer is agreeing to Yukon Workers Compensation Health & Safety Branch (YWCHSB), releasing information to Advanced Education in regards to the information as listed (1) any outstanding safety orders against the employer for the past two years, (2) a record of injuries of workers for the past two years (3) and a confirmation that the employer is in good standing with assessments. In accordance with Section 24(3) of the Yukon's Access to Information and Privacy Act, the applicant permits the release of the information supplied in this application MAY be shared with other departments within Yukon Government for purposes of administration of the program. In addition, the employer agrees to abide by the attached terms and conditions of this agreement.

Signature of Employer _____ Title _____ Date _____

Certified pursuant to section 23 (contracting authority) of the Financial Administration Act)

The Government of Yukon (Dept. of Education, Advanced Education Branch), subject to employer compliance with the terms and conditions of the program, agrees to fund the above position(s) to the amount indicated above.

Approval Signature YTG- Dept. of Education, Adv.Ed. _____ Employment Training Officer _____ Date _____

Yukon Summer Career Placement Job Description Form

*** This form must be completed for EACH Position applying for.*

POSITION TITLE: _____ **HOURLY WAGE:** _____

Duties, Task & Responsibilities of the Position: (for more space, additional pages may be added).

1. Please indicate level of Education position is suitable for. (i.e.: university, college, secondary school, other)

2. Describe the position in terms of duties and responsibilities: What day to day tasks are performed, **detail** of specific projects to be completed in the position, and how tasks are to be performed.
(If more space is required, please attach additional sheets)

3. What knowledge and skills are necessary to perform the job?

4. How will the position be supervised?

5. Is travel involved in this position?

6. Any licenses or certificates required for this position? (Example: First Aid, Class 5 Drivers, CPR etc.)

7. Please explain what your business/society does?

Application Information & Instruction Guide for Employers

Note: The following instructions for the completion of the Application/Agreement are provided to ensure complete and accurate information. Without this, your Application/Agreement cannot be processed. Please read the Agreement Terms and Conditions contained in the application package. If you have any questions, please contact our office at 867-667-5927

When completing the form, please type or print legible.

Please do not assume your application has been approved. You will be notified when your application is approved. If approved, the contribution may cover all or only a portion of the amount requested.

To complete the form, please fill in the appropriate areas as described.

Employer Information:

- **Legal Name of Employer:**
This is the legal name of your organization or business. If approved this application will form a legal binding agreement with the Government of Yukon, and any payments will be made out to the name in this field.
- **Common Name of Employer:**
If the common name of your organization or business is different from the legal name please complete.
- **Mailing Address:**
This is the organization's address where all correspondence will be sent including payments. Ensure to include postal code.
- **Phone/Fax:**
Numbers normally used for business purposes.
- **Contact Person/Phone/Title**
This individual will be the person who is responsible for communicating with Government of Yukon SCP program staff throughout the duration of the program, their contact phone number, and title.
- **Email:**
This is the organization or contact person's regular email address.
- **Address of SCP Activity:**
This is the address where the student will be working and may be different from your organization's mailing address. Be sure to include postal code.
- **Canada Customs & Revenue Agency (CCRA Business/ Charitable Registration Numbers):**
This is the number given to your organization by CCRA to be used to make remittances. It is the same number as your GST number. If you do not have a Registration Number, you must obtain one to be eligible for SCP funding.
- **Organization has Existed in Yukon Since:**
The year that your organization or business registered and began operation in Yukon.
- **Main Product or Service of your Organization:**
The type of occupation or services that your organization or business provides.
- **Type of Employer:**
Circle the appropriate box using the information provided below as a guide to identify the category under which (for program delivery purposes) your business/organization falls.
 - a) *Private Sector:* Private business incorporated or unincorporated, banks, private band councils, private universities or colleges, banks and Co-operatives with shared capital
 - b) *Public Sector:* Municipalities, Educational Institutions, Public Community Colleges and Universities, Public Health
 - c) Self Government Agencies,
 - d) *Not-For-Profit Sector:* All non-profit organizations not already identified in either category

- **Number of Employees:**
This number will include the total number of all regular full-time employees of your organization or business across Canada, not just those in your local office.
- **Union at the Work Site:**
If there is a union at the work site, the union must agree that the youth/student can work there over the summer. A letter of concurrence, from the union, must accompany your application in order for us to proceed with the assessment process.
- **Worker's Compensation Number:**
Provide your organization's account number and rate. *If your organization does not have Worker's Compensation coverage, you must provide similar insurance in its place for all student employees for the duration of the SCP program.*
- You may have applied for Other Funding and answered "yes" to this question. However, should your application be approved for funding under Summer Career Placement, this is the only funding that can be used for the approved positions.

Position Term Payment Details:

- **Job Title:**
The name of the position applying for funding.
- **Number of Jobs:**
List the total number of youth/student positions you are requesting for the job title.
- **Start Date:**
The year, month and day that you wish your youth/student to start in the position. Remember the earliest start date is May 1st, 2012. You can apply for a later start date to allow for recruitment.
- **Number of Weeks per job:**
List the number of weeks you intend to have your youth/student employed. Minimum is 6 weeks, and the maximum is 16 weeks.
- **Hours per Week per job:**
Indicate the number of hours per week the position will require. Minimum is 30 hours per week.
- **Total Hours**
Use this formula to calculate the total hours requested for each position: number of weeks X number of hours per week X number of jobs requesting
- **Hourly Wage:**
Indicate the hourly wage rate you will be paying the youth/student for this position.
- **Total Wages:**
Use the formula to calculate the total wages for each job title: Total Hours X Hourly Wage

Department Use Only: Approved Positions & Calculations:

- Do not complete this section. If your application is approved, the SCP designated official will complete this area with information on the positions approved. You will receive a copy, signed by the Summer Career Placement designated official, which will be your agreement with the Government of Yukon.

Signatures: Application must be signed by the Employer.

Job Description Form:

- **Position:**
The job title of the position you are applying for funding for.
- **Hourly Wage:**
The hourly wage you will be paying your youth/student hired for the position.
- **Duties & Responsibilities of the Position:**
Please answer the questions 1 to 6 thoroughly.

The responses should pertain to the tasks and duties that the student/ youth will be performing in this position. All information gathered will provide the Assessment Review Committee with a clear understanding of the position and a basis to justify funding decisions.

Yukon Summer Career Placement

2010 Assessment Form

(This form is for internal use only, we use this form to help evaluate your position)

EMPLOYER TYPE:

PRIVATE SECTOR (A) PUBLIC SECTOR (B) FIRST NATIONS(C) NON-PROFIT (D)

PROGRAM CRITERIA:

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Employer Eligible	_____	_____	Union Concurrence	_____	_____
Duration 6 –16 Weeks	_____	_____	Social Priority	_____	_____
Adult Min. Wage or Above	_____	_____	Replacement of Workers	_____	_____
Full Time minimum 30 hours per week	_____	_____			
Job Descriptions Attached	_____	_____			

EMPLOYER PAST RECORD:

YTG

Comments:

(claims in on time, good comments from monitor & student, etc)

SAMPLE ONLY

JOB TITLE: _____ **# of POSITIONS:** _____

RATIONAL FOR FUNDING: (Use a numerical rating scale)

CRITERIA:

	Poor	Average			Above Average
Detail & Strength of Job Description	1	2	3	4	5
Meets Summer Career Placement Criteria	1	2	3	4	5
Quality of Experience to be Gained	1	2	3	4	5
Community Merit	1	2	3	4	5
Leads to Future Labour Market Participation	1	2	3	4	5
Related Job Opportunities (remote areas, unusual job)	1	2	3	4	5
Other _____					

TOTAL: _____

RECOMMENDATION:

Number of Positions	Number of Weeks	Number of Hours

Date of Review: _____

Signature: _____