



Employer Claim Form

**Instructions:** Please complete the following and mail, fax or hand deliver to Career Edge, as soon as the coverage period is completed, accompanied by payroll records for the period claimed. Your cheque will be processed in a timely manner. Please ensure that all signatures and data are completed.

**In order to assist us in ensuring that our services meet your needs, please answer the following question. Please note that the question relates to the quality of service our staff provide to you, the employer. This is not an evaluation of the employee that you are submitting the claim form for.**

How much do you agree or disagree with this statement.

1= **Strongly Disagree**

5= **Strongly Agree**

**How likely are you to recommend our Career Edge/Employment Services to someone looking for similar services as those you received?**

\_\_\_\_\_

What in your opinion could Career Edge do to better improve their service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Record Identifier:** \_\_\_\_\_

**Employee to whom this claim applies:** \_\_\_\_\_

**First day worked for this claim:** \_\_\_\_\_

**Total Hours Worked:** \_\_\_\_\_

**Last day worked for this claim:** \_\_\_\_\_

**Declaration:** I certify that the information regarding hours worked for this period is to the best of my knowledge correct, and hereby consent to and authorize the release and disclosure of the information to representatives of the Ministry of Training, Colleges and Universities for the purpose of administering the *Employment Ontario* Employment Services Program.

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

