

SUPPORT WORKER PAYMENT DETAILS

Instructions on Reverse of this Form - One Form is Completed for each Worker

Support Worker's Name: _____

Passport Recipients's Name: _____

Address (Enter if Changed): _____

For **Self-Employed/Contract workers**, please complete the non-shaded areas only. For workers that are **Employees**, please complete the full table below.

Description of Supports/Activities	List of Dates Worked	Hours Worked	Rate per Hour	Vacation Pay	Gross Amount	CPP	EI	Tax	Net Pay	Employer CPP	Employer EI
	TOTALS:										
CLAIM TOTAL for EMPLOYEE (Gross Amount + Employer CPP + Employer EI)											

Support Worker Verification: By signing below, I verify that I have provided the services described above, am over 18 years of age and am not a primary caregiver.

Signature: _____

Date: _____

Primary Contact Person/Passport Funding Recipient Verification: I hereby certify that I have received the above stated services. I fully understand that it is my responsibility to pay the above-named person and to ensure that any and all provincial and federal legislation is adhered to including withholding, remitting and reporting taxes and benefits where applicable. I have not previously submitted this claim.

Signature: _____

Date: _____

INSTRUCTIONS FOR COMPLETING THE SUPPORT WORKER PAYMENT DETAILS FORM:

Support Worker's Name: Provide the First and Last Name of your support worker. If there is more than one worker then complete a separate form for each worker.

Passport Recipient's Name: Provide the First and Last Name of the Passport Recipient.

Description of

Supports/Activities: List the supports/activities that were provided to the Passport Recipient according to the plan and goals.

List of Dates Worked: Provide the dates worked by the support worker.

Hours Worked: Provide the number of hours worked by the support worker for that pay period.

Rate per Hour: Provide the hourly rate of pay.

Vacation Pay: For employees only: provide the amount payable for Vacation Pay (4%).

Gross Pay: This equals the Days Worked in the pay period multiplied by the Rate per Hour. For employees, also add Vacation Pay.

CPP: For employees only: is the employee's portion of Canada Pension Plan contributions (amount provided by Canada Revenue Agency).

EI: For employees only: is the employee's portion of Employment Insurance premiums (amount provided by Canada Revenue Agency).

Tax: For employees only: is the Income Tax (amount provided by Canada Revenue Agency).

Net Pay: is calculated by deducting CPP, EI and Tax from Gross Pay.

Employer CPP: For employees only: is the Employer's portion that is an amount equal to what the employee has paid.

Employer EI: For employees only: is the Employer's portion that is calculated by taking the employee's amount and multiplying by 1.4.

Signatures & Dates: Please ensure that the signature and date portions are fully completed.

Mailing: Contact Hamilton - Passport Program 140 King Street East, Suite 4, Hamilton, ON L8N 1B2

Fax: 1-844-777-6664

Email: passport@contacthamilton.ca