SECPAP Monthly Reimbursement Form

Name of Business:				
Mailing Address:				
Postal Code:			Telephone:	
Week	Dates	Hours Worked	Total Hourly Wage (excluding benefits)	Reimbursement Claimed Through SECPAP Assistance $8.00 per hour
Total Amount Paid to Student:				
Total Amount due to Reimburse Employer:				
Student Name:			Program Name:	

This will certify that _____ (above noted student), co-operative education student at College of the North Atlantic, was paid $ _____ (amount) during the month of _____ by _____ (name of company).

Signed: _____   Date: _____

Position: _____

NOTE FOR EMPLOYERS:

Please enclose proof that the student was paid by the employer for the hours and dates specified above. This proof may take the form of a photocopied cheque, cheque stub or a signed payroll sheet.

Project Number:
_____