

**SECPAP Monthly Reimbursement Form**  
CO-OPERATIVE EDUCATION SERVICES CENTRE, MEMORIAL UNIVERSITY  
Telephone: 709-864-4484 | Fax: 709-864-8960 | Email: [cesc@mun.ca](mailto:cesc@mun.ca)

**TO BE COMPLETED BY EMPLOYER:**

Organization: \_\_\_\_\_ Telephone #: (709) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

SECPAP Reimbursement Calculations: **Please indicate:**

WEEKLY ( ) BI-WEEKLY ( ) BI-MONTHLY ( ) MONTHLY ( )

**NOTE FOR EMPLOYERS:** Please enclose proof that the student was paid by the employer for the hours and dates specified above (e.g. photocopied cheque, cheque stub or a signed payroll sheet)

Employer's Payroll Disbursement				SECPAP Reimbursement Claim	
Pay Period Dates	Hours Worked	Full Hourly Rate	Total Paid – Excluding Benefits	Approved Wage Subsidy Hourly Rate	Amount Claimed*
		\$ /HR	\$	\$7.50 /HR	\$
		\$ /HR	\$	\$7.50 /HR	\$
		\$ /HR	\$	\$7.50 /HR	\$
		\$ /HR	\$	\$7.50 /HR	\$
		\$ /HR	\$	\$ 7.50 /HR	\$
TOTAL:			\$	TOTAL:	\$

\* = Approved Wage Subsidy Hourly Rate X Hours Worked Weekly (≤ max. allotted hours highlighted in Approval Letter)

Student's Name: \_\_\_\_\_ Program of Study: \_\_\_\_\_

This will certify that \_\_\_\_\_, co-operative education student at Memorial University of  
(above noted student)

Newfoundland, was paid \$ \_\_\_\_\_ as outlined in this claim by \_\_\_\_\_.  
(amount) (name of organization)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

**TO BE COMPLETED BY STUDENT:**

This will certify that I received \$ \_\_\_\_\_ for work completed for the dates and employer noted in this claim.  
(total paid amount)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student #: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

**INTERNAL USE ONLY:** PO #: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Reviewed for payment by: \_\_\_\_\_  
(CESC Representative)

**Access to Information and Protection of Privacy**

This information is collected to administer payroll and for program administration. It is required for payment purposes and becomes part of your personnel record. It is also included in a summary report to the program's funding provider - Department of Immigration, Population Growth and Skills, Government of Newfoundland and Labrador. If you have any question about the collection of use of this information, please contact Co-operative Education Services Coordinator at 709-864-4484.