



Please submit applications to:
COVID-19 Employer Compensation Program
Department of Finance
Tax Administration Division
Confederation Building, 3rd Floor, East Block
P.O. Box 8720
St. John's, NL A1B 4K1
Telephone: (709) 729-6297
Toll free: 1-877-729-6376
Fax: (709) 729-2856
E-mail: taxadmin@gov.nl.ca

EMPLOYER COMPENSATION FOR WORKERS IN SELF-ISOLATION DUE TO COVID-19 TRAVEL RESTRICTIONS

APPLICATION FORM

Application Information / Instructions

- Please complete the form in full and ensure it is signed. Please include all supporting documents with your application. An incomplete form and lack of required supporting documentation may result in the form being returned and payment being delayed.
- Eligibility for this program will continue until the mandatory self-isolation order is lifted by the Chief Medical Officer of Health.
- Applications must be received within 3 months of the date the employee returned from travel to Newfoundland and Labrador.

Privacy Notice

Information required in this application is collected for the administration of the COVID-19 Employer Compensation Program. This information is kept confidential and handled as required by the **Access to Information and Protection of Privacy Act, 2015**. For inquiries please call 1-877-729-6376.

Part 1 – Applicant Information

Please print all information in BLOCK LETTERS. Please complete in full.

Employer Legal Name _____			
CRA Business Number (BN#) or Social Insurance Number (if self-employed) _____			
Indicate if a Canadian-Controlled Private Corporation (CCPC)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact Person/TITLE _____			
Last Name	First Name	Title	
Email Address _____ (For confirmation of direct deposit)			
Mailing Address _____			
Apt / Street Number	Street Name	P.O. Box	R.R. #
City		Province	Postal Code
Telephone Number (including Area Code) _____			
Fax Number (including Area Code) _____			

For Department of Finance Use Only	
Invoice #:	Supplier #:
Accounting Distribution:	Amount Approved:
Verifier:	Approver:

Part 2 – Claim Information

Total Compensation Claimed	\$ _____
Less: Total Federal Funding Calculated for COVID-19 Relief programs	\$ _____
Net Amount Claimed (to a maximum of \$500 per employee, per week)	\$ _____

Please provide details for each employee included in the total compensation claimed above. Total compensation includes statutory employer-paid benefits such as CPP/EI contributions. If additional space is required, please use additional sheets.

For each employee, the following supporting documentation is required to be provided:

- Payroll registers or pay stubs/remittances substantiating the employee's gross pay, employer and employee deductions, and net pay for both the period being claimed as well as the prior pay period
- Shift schedules, timecard system, and leave request records validating the employee's work schedule and leave taken for period being claimed, and
- Travel itineraries, boarding passes, or stamped passports to confirm travel outside Newfoundland and Labrador during the travel coverage period.

Employee Name _____

Employee Social Insurance Number _____

Is Employee Full-time or Part-Time Full-time Part-time

Is Employee Resident of NL Yes No

Period Being Claimed _____
From _____ To _____

Location from where Employee Travelled _____

Date of Travel _____
From _____ To _____

Employee's Gross Pay _____
(for the period being claimed)

Employer-Paid Statutory Benefits Amount _____
(for the period being claimed)

Employee's Net Pay _____
(for the period being claimed)

Indicate Whether the Gross Pay Includes Paid Leave _____

Employee Name _____

Employee Social Insurance Number _____

Is Employee Full-time or Part-Time Full-time Part-time

Is Employee Resident of NL Yes No

Period Being Claimed _____
From _____ To _____

Location from where Employee Travelled _____

Date of Travel _____
From _____ To _____

Employee's Gross Pay _____
(for the period being claimed)

Employer-Paid Statutory Benefits Amount _____
(for the period being claimed)

Employee's Net Pay _____
(for the period being claimed)

Indicate Whether the Gross Pay Includes Paid Leave _____

Part 3 – Application Declaration

We are unable to process this form if it is unsigned.

I hereby certify that:

- The information contained in this application is, to the best of my knowledge, true, complete and correct in every respect.
- I am a duly authorized official or agent of the applicant.
- The applicant is a private sector employer or self-employed.
- I acknowledge that assistance under any federal wage subsidy programs provided as COVID-19 relief will reduce the amount of funding available under this program.
- The amounts claimed are in respect of employees who are residents of Newfoundland and Labrador.
- The employee was not able to work from home and was not on paid leave or special leave during the period claimed.
- The amount claimed on this application does not include any amounts previously claimed.
- The amount to be reimbursed may be considered government assistance and may reduce the amount of payroll expenses claimed for income tax purposes and eligibility for other programs where applicable.
- All relevant documents are available for inspection and/or audit upon request of the Department of Finance, Government of Newfoundland and Labrador.
- Where an amount paid under this benefit program is determined to be an overpayment, the claimant is responsible for repayment and the Government of Newfoundland and Labrador may take necessary action to recover such amounts.

Company Official's / Agent's Name (Please Print)

Official's / Agent's Position / Title

X

Official's / Agent's Signature

Date

Part 4 – Supplier Set Up and Maintenance & Direct Deposit

Payments will only be issued by direct deposit. If you are currently not set up for direct deposit or need to update the information currently in place, please complete the Supplier Setup and Maintenance Form and forward it to Tax Administration, Department of Finance with this application. This form can be obtained from Government's website at <https://www.gov.nl.ca/fin/files/forms-supplier-setup-maintenance-form.pdf>. Please follow the instructions provided on the form and return it with this application. Attach a void cheque or banking information stamped by your financial institution. Due to physical distancing requirements, if a bank stamp is not possible, we will accept an email correspondence directly from you with your direct deposit form attached.

For further information about this program or questions, please contact:

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