

Remote Worker Confirmation Form

A – EMPLOYEE AND BUSINESS INFORMATION		
EMPLOYEE NAME:		
BUSINESS NAME:		
BUSINESS CONTACT PERSON:		
BUSINESS MAIN ADDRESS (STREET ADDRESS, PO BOX, APT.#)		
MUNICIPALITY	PROVINCE	POSTAL CODE
CONTACT PHONE NUMBER (AREA CODE) & NUMBER () -		CONTACT EMAIL ADDRESS (REQUIRED)

B – MINIMUM ELIGIBILITY CRITERIA			
To be eligible, the employee must meet criteria noted below, financial assistance will be provided directly to the employee;			
a) are a business which currently does not have a physical office location in PEI	Yes	No	
b) the employee identified in this form works remotely for your business	Yes	No	
c) the employee identified in this form had an income loss of \$500 or more due to a power outage and/or loss of internet connectivity during the period of September 25, 2022 to October 14, 2022.	Yes	No	

C - DECLARATION
<p>I declare that:</p> <p>a) the information I have provided to the Department in this form, is true, accurate and complete in every respect;</p> <p>I agree that:</p> <p>a) the information I have provided in this application can be subject to a proof of evidence requested at any time during the time of the program.</p> <p>b) if the information described above is false or misleading, the employee may be required to repay some or all of the financial assistance that may be approved by the Government of Prince Edward Island;</p> <p>I attest that:</p> <p>a) I will keep supporting documents proving the employee's eligibility for the program for a period of three (3) years following this submission for the program for audit and compliance purposes;</p> <p>b) all the information in this form is true and I understand that the Government of Prince Edward Island may verify its accuracy by comparing it with information from other agencies or departments.</p>

D – SIGNATURE		
BUSINESS CONTACT NAME (Print)	BUSINESS CONTACT SIGNATURE	DATE (DD-MM-YYYY)