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**Public Service Secretariat**

Office of Employment Equity for Persons with Disabilities

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**WAGE SUBSIDY PROPOSAL FORM**

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**SUBMITTED BY**

NAME	
TITLE	
DEPARTMENT	
DIVISION	
LOCATION	
MAILING ADDRESS	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	

**STAFFING ACTION REQUEST ATTACHED**

YES

NO

**POSITION DESCRIPTION & APPROVAL SIGNATURES ATTACHED**

YES

NO

**PROPOSED WORK EXPERIENCE**

POSITION TITLE	
CLASSIFICATION	
DEPARTMENT	
DIVISION	
LOCATION	
START DATE	
END DATE	

**DESIRABLE  
KNOWLEDGE,  
ABILITIES AND  
EDUCATIONAL  
REQUIREMENTS**

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**DUTIES AND  
RESPONSIBILITIES**

*Note: Work experience opportunities comprising clusters of related tasks which your Department needs performed may be created. The grouping of selective job tasks from one or more positions currently in your Department will be acceptable as long as you do not withdraw the central core of tasks of any established position.*

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**PAYROLL INFORMATION**

<b>PAYROLL PERSON</b>	
<b>TITLE</b>	
<b>DEPARTMENT</b>	
<b>DIVISION</b>	
<b>MAILING ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>E-MAIL ADDRESS</b>	

**NOTE: OCIO SHOULD BE CONTACTED TO ADVISE OF EQUIPMENT AND EMAIL REQUIREMENTS**

**WORK SPACE AND EQUIPMENT REQUIREMENTS**

The Office of Employment Equity for Persons with Disabilities has funds available to purchase equipment that will accommodate the disability of the work experience incumbent, e.g., telephone amplifying device. However, it is the responsibility of the employing Department to provide a suitable, accessible work space for the work experience incumbent to work at the above noted location and to provide any equipment, e.g. computer, desk, chair, that is required for the work experience incumbent to perform the duties of the work experience.

**ORIENTATION AND TRAINING**

The Office of Employment Equity for Persons with Disabilities will cover the cost of any formalized job-related training that may be identified, throughout the course of the work experience, as necessary to enhance the ability of the work experience incumbent to perform the duties of the position, e.g., computer software training, etc. However, the Department is expected to provide the work experience incumbent with appropriate and adequate orientation, training and support.

**Please indicate who will be responsible for providing the training and support for the incumbent of this work experience:**

<b>NAME</b>	
<b>TITLE</b>	
<b>PHONE NUMBER</b>	
<b>E-MAIL ADDRESS</b>	

**DEPARTMENTAL APPROVAL AND SIGNATURES**

<b>SUBMITTED BY</b>	
<b>DIRECTOR OF HUMAN RESOURCES</b>	
<b>DEPUTY MINISTER/ DESIGNATE</b>	
<b>DATE</b>	