



## General Operating Grant / Wage Enhancement Funding Staff Sign-Off

Please indicate the funds you have received for General Operating Grant (GOG), Wage Enhancement (WE) or both by filling out the section(s) below.

Name of individual: \_\_\_\_\_ Child care centre: \_\_\_\_\_

Position: RECE Non-RECE Supervisor Cook Other: \_\_\_\_\_

I, \_\_\_\_\_, have received the following:

General Operating Grant (GOG) gross amount: \$ \_\_\_\_\_

Wage Enhancement (WE) gross amount: \$ \_\_\_\_\_

Year: \_\_\_\_\_

The funding amounts represent gross funding paid (before taxes and deductions) and do not represent the net amount a staff member received.

Funding is paid on a regular basis throughout the year and is displayed as a separate line on the pay statement.

I acknowledge that the information provided is true and accurate.

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

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

**Please print and sign before submitting.**



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