



DISTRICT OF COCHRANE SOCIAL SERVICES ADMINISTRATION BOARD
 LE CONSEIL D'ADMINISTRATION DES SERVICES SOCIAUX DU DISTRICT DE
 COCHRANE

REQUEST FOR EMPLOYMENT ACTIVITY BENEFITS (OW ONLY)

NAME: _____ **MEMBER ID:** _____

ADDRESS: _____ **WORKER NUMBER:** _____

_____ **BENEFIT REQUESTED: ESUB
ERE
FTEB**

TELEPHONE: _____

Please write a brief description as to why you require this benefit: (e.g. education, training, employment)

Please list each item requested: (May attach separate sheet of paper)

I understand that if the benefits are issued directly to me, I will keep the original receipts to verify purchase of the items. Inappropriate use of funds may result in an overpayment.

Signature: _____ **Date:** _____

Estimate Attached: Yes No

FOR OFFICE USE ONLY

Is Program Manager Approval Required: Yes_____ No_____	
Benefit Approved:	Benefit Denied:
_____	_____
_____	_____
_____	Date:_____
Signature (ERW)	

Signature (Program Manager)	
Payment made to: Client	Vendor
Provide Vendor Details:	

Amount Issued: \$_____	Cheque Number:_____
Receipts Attached:_____	
Overpayment Created:_____	Date:_____