

EMPLOYMENT START-UP BENEFITS (ESUB)

You **may** be eligible for Employment Start-up Benefits if you:

- Accept full time, part time or casual employment
- Change employment
- Are self employed
- Begin an approved employment assistance activity

AND

- Have initial costs or expenses, which must be met in order to facilitate employment or participation in an employment assistance activity

I understand that start-up costs can only be covered, up to a maximum of \$253.00, once in a twelve month period. I _____ am requesting Employment Start Up Benefits (ESUB) in the amount of _____ because I have

Secured employment

Employer: _____
 Position: _____
 Start Date: _____ First Pay Date: _____
 Expected hours per/wk: _____

 have attached verification of employment

Started school

School: _____
 Program: _____
 Start Date: _____
 Expected hours per/wk: _____

Started a Community Placement

Agency: _____
 Start Date: _____

Changed employment

Employer: _____
 Position: _____
 Start Date: _____ First Pay Date: _____
 Expected hours pr/wk: _____

 have attached verification of employment

Am beginning a new training program

Program: _____
 Start Date: _____
 Expected hours per/wk: _____

Am beginning an approved employment assistance activity not listed above

I require the following items: (include an estimate of the item)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I understand that receipts are required to verify the purchase of the above-noted items.

Signature

Date