**Attestation Form – Temporary Retention Incentive for Nurses 2022**

* *I, \_\_Sunny Brook (EENO 123456)\_\_\_\_\_\_, attest that I have worked with the employers listed in the table below for a combined total of 187.5 hours or less the five-week period outlined in the table below.*
* *I confirm that I have not submitted another attestation in respect of the same eligibility period through another employer.*
* *I consent to the employers listed below collecting, using, and disclosing the information contained in this attestation, including disclosing the attestation in full or in part to the [Ministry and/or TBS], for the purposes of verifying my eligibility for Temporary Retention Incentive for Nurses and monitoring the effectiveness and implementation of the Temporary Retention Incentive for Nurses.*

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| --- | --- | --- | --- | --- |
| **Eligibility**  **Period** | **Eligible Workplaces** | **Hours Worked** | **Hours Claimed** | **TOTAL Hours Claimed** (cannot exceed 187.5 hours in each Eligibility Period) |
| **February 13,**  **2022 – March 19,**  **2022** | Sunnybrook | 65 | 65 | 187.5 |
| Hospital A | 65 | 65 |
| Hospital B | 65 | 57.5 |
| **March 20,**  **2022 – April**  **22, 2022** | Sunnybrook | 30 | 27.5 | 187.5 |
| Hospital A | 60 | 60 |
| Hospital B | 100 | 100 |

|  |  |
| --- | --- |
| Signature of Nurse: | Witness Signature: |
| Print Name: | Print Name: |

Date: Date: