



# LIVE-IN CAREGIVER EMPLOYER DECLARATION OF HOURS WORKED

This form **must** be completed and signed by your employer(s) and submitted with your application for permanent residence if you choose "Option 2" for calculating whether you have met the employment requirement to be eligible for permanent residence as a live-in caregiver.

**Note:** "Option 2" is defined as a total of 3,900 hours (within a minimum of 22 months which may include a maximum of 390 hours of overtime) of authorized full-time employment as a live-in caregiver within four years from the date you entered Canada under the Live-in Caregiver Program.

### EMPLOYER #1 IDENTIFICATION

Last name		Given name(s)	
Relationship with the person(s) receiving care			
Street address			
City		Province	Postal code
Telephone (home)	Telephone (work)	E-mail	
Labour Market Impact Assessment confirmation number			

### EMPLOYER #2 IDENTIFICATION (if applicable)

Last name		Given name(s)	
Relationship with the person(s) receiving care			
Street address			
City		Province	Postal code
Telephone (home)	Telephone (work)	E-mail	
Labour Market Impact Assessment confirmation number			

### EMPLOYEE IDENTIFICATION

Last name	Given name(s)	Date of birth	Y	M	D

### EMPLOYER DECLARATION

I hereby attest to the following with respect to the above noted EMPLOYEE:

- The EMPLOYEE worked in my employ as a live-in caregiver from 

Y	M	D

 to 

Y	M	D
- The EMPLOYEE completed a total of \_\_\_\_\_ authorized full-time hours as a live-in caregiver under my employ during that time and according to the employment contract.
- The EMPLOYEE completed a total of \_\_\_\_\_ authorized overtime hours as a live-in caregiver under my employ during the period of employment identified above.

Employer signature: \_\_\_\_\_ Date: 

Y	M	D

Employer signature: \_\_\_\_\_ Date: 

Y	M	D