**CLP JOB RETENTION**

**EMPLOYEE REPORT**

|  |  |
| --- | --- |
| Date |  |
| Fund Manager |  |
| Business |  |
| Contact Name |  |
| Phone Number |  |
| Report Period End Date |  |

At the time of CLP Job Retention Application, the following employees/job types were designated to be at-risk as a result of the Covid-19 Pandemic. As of the above Report Period End Date, provide the following information for each designated employee/job type.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **EMPLOYEE NAME** | **JOB TYPE** | **FULL TIME**  **35+ hours/wk** | **PART TIME**  **enter # of hours/wk** | **START DATE** | **END DATE** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |

Comments:

**The undersigned hereby attests the information completed above is true and accurate.**

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Business Contact Signature Date