

EMPLOYEE COVID-19 WAGE SUBSIDY CONSENT FORM

Insert Business Name

I, <insert employee name>, confirm my employer has discussed with me that they have applied for the Ministry of Social Development COVID-19 Wage Subsidy. I consent to my name, IRD number, date of birth and employment type being:

- provided to the Ministry of Social Development; and
- used by the Ministry of Social Development to make decisions about my employer's application and to audit and review any subsidy that is granted; and
- shared by the Ministry of Social Development with other agencies to the extent required by MSD, its staff and auditors to make decisions about my employer's application and to audit and review any subsidy that is granted.

Employee Signature

Date

OR

I am unable to return a signed declaration and instead understand my consent is given by electronic communication (for example but limited to text, messenger, email) by replying to my employer "I agree", or similar.