



SCHEDULE J

Temporary Foreign Worker Program EMPLOYER SUPPLIED BEDROOM DESCRIPTION

This form must be completed when employers are offering a temporary foreign worker (TFW) a bedroom within their private home.

One form must be completed for each residence in which the TFW will reside (e.g. divorced or separated parents, or if the employer(s) resides in multiple locations such as a cottage).

This form must be completed and signed by both employers, when applicable.

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|--|-----------------------------|
| 1. Employer's address of residence where the TFW will reside | |
| Number / Street / Post Office Box # | |
| City | |
| Province / Territory | |
| Postal Code | |
| Telephone number with area code | |
| 2. Will the TFW have his/her own bedroom? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is the bedroom located inside the premises where work will be performed? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Does the bedroom have a door with a lock, and will the key be provided to the TFW? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Does the bedroom door have a safety bolt on the inside? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Does the bedroom have a secure exterior window that closes and locks from within? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. What are the dimensions of the bedroom being assigned to the TFW? Minimum size requirement of bedroom is to be no less than 9 m² (e.g. 9 m² or 2.7 m x 3.40 m) | |
| | |

| 8. Does the bedroom provided to the TFW include: | | | |
|--|-----|--------------------------|-----------------------------|
| Finished walls | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Finished floors | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Finished ceilings | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Heating | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Lighting | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Closet | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Bed with mattress | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Bedding (sheets, pillows, blankets) | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

9. Provide additional details about furniture and/or services (e.g. telephone, television, cable or satellite, Internet, etc.), if applicable:

Name of employer #1 (please print)

Signature of employer #1

Date: (YYYY/MM/DD)

Name of employer #2, if applicable, (please print)

Signature of employer #2 if applicable

Date: (YYYY/MM/DD)